FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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IN BENEFICIAL OWNERSHIP

| STATEMENT | OF | CHA | NGES |
|-----------|----|-----|------|

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Kendall Keith J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] | | | | | | | | (Ch | elationship eck all appli X Directo | or 10% Owi | | vner | | |
|--|--|------------|---|---------------------------------------|---|---|------|-------------------------|--|----|---|---|--|------------------------|---|--|-----------------------------------|--|--|--|
| (Last) (First) (Middle) C/O AQUESTIVE THERAPEUTICS, INC. 30 TECHNOLOGY DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2020 | | | | | | | | | X Officer below) | (give title) CEO and | Pres | Other (s below) ident | specify | | |
| (Street) WARRE | | | 07059 (Zip) | | 4. If | | | | | | | | | Line | e) <mark>X</mark> Form | al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Da | | | Date | Transaction ate Ionth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | Benefici | es ally Following | Form | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) | or | Price | Transac (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common Stock | | | | 03/31 | /2020 | | | | M ⁽¹⁾ | | 329 | 329 A | | \$ <mark>0</mark> | 680 | 680,983 | | D | | |
| Common Stock 03, | | | | 03/31 | /2020 | | | F ⁽²⁾ | | 99 | | D | \$2.19 | 680 | 30,884 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemet Execution I if any (Month/Day | Date, Transa Code (| | | of E | | . Date Exercisab Expiration Date Month/Day/Year) | | | Amount Securiti Underly Derivati | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y Dii or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | or Nu of | nount imber ares | | | | | | |
| Restricted Stock Units | \$0 | 03/31/2020 | | | M ⁽¹⁾ | | | 329 | 03/31/202 | 0 | (3) | Commo Stock | n 3 | 329 | \$0 | 333 | | D | | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. These shares were retained by the Company in order to meet the tax withholding obligations of the award-holder in connection with the vesting of an installment of the restricted stock award. The amount retained by the Company was not in excess of the amount of the tax liability.
- 3. There are no expiration dates on RSUs.

Remarks:

/s/ Robert Arnold, as Attorney-

04/02/2020

In-Fact

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.