FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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|------------|------|-------|---|
| ashington, | D.C. | 20549 | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* COSTA SANTO J | | | | | 2. Issuer Name and Ticker or Trading Symbol Aquestive Therapeutics, Inc. [AQST] | | | | | | | | eck all app | licable) tor | ng Pers | on(s) to Issi | vner | |
|--|--|--|---------------------|-----------------|---|---|--|-----|--|--------------|--|-----------------|---|---|--|---|---------------------------------------|---------|
| • | UESTIVE T | THERAPEUTIC | (Middle) S, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/16/2020 | | | | | | | | Offic belov | er (give title v) | | Other (s below) | specify |
| 30 TECHNOLOGY DRIVE (Street) | | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| WARRE | N N. | J | 07059 | | | | | | | | | Forn | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Code | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | Benef | ties cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) (| 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r Price | Transa | ction(s) 3 and 4) | tion(s) | | (111511. 4) | | |
| Common Stock | | | | | | | | | | | | 17,3 | | | 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 | 3. Transaction Date (Month/Day/Year) | te Execution Da | ate, Transactio | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | ve es ally ig d tion(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Purchase) | \$5.3 | 06/16/2020 | | | A | | 14,000 | | 06/16/202 | 1(1) | 06/16/2030 | Common Stock | 14,000 | \$0 | 14,0 | 00 | D | |

Explanation of Responses:

1. The shares underlying the options vest as follows: 100% of the underlying shares vest June 16, 2021, subject to Mr. Costa's continuous service with the Issuer from the grant date through the applicable vesting

Remarks:

/s/ Robert Arnold, as Attorney-In-Fact

06/18/2020

** Signature of Reporting Person

Date

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.