FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
1 1 1 40 1

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*					2. Issuer Name and Ticker or Trading Symbol Arteris, Inc. [AIP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Moll Laurent R														AI	Direc	'		10% Owner	
					<u> </u>									1	Office	er (give title v)		Other (s	specify
(Last) (First) (Middle) C/O ARTERIS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/04/2024									Chief Operating Officer					
900 E. HAMILTON AVE., SUITE 300																			
(0)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMPBELL CA 9500			5008											1		filed by One	•	U	
,															Form filed by More than One Reporting Person				orting
(City)	(St	ate) (2	Zip)																
		Table	I - N	lon-Deriva	tive	Secui	rities	Acc	quire	d, Di	sposed c	f, or E	Benefi	cially	Own	ed			
Date				2. Transaction Date (Month/Day/Y		2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			nd 5)	Securi Benefi	cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct 4)	7. Nature of Indirect Beneficial Ownership
								[Code	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)			(Instr. 4)
Common Stock 09/04				09/04/202	24				S ⁽¹⁾		37,561	D	\$7.4	1915	544,468		D		
Common Stock 09/05/20				24				s ⁽²⁾ 12,488		12,488	D	\$7.2	554(3)	531,980		D			
		Tal	ole II	l - Derivati (e.g., pu							posed of, converti				Owne	d			
	ative Conversion Date Execution Date, if any			ution Date,		ransaction of Code (Instr. Derivative		ative ities red sed 3, 4	Expiration Date				7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		rice of ivative urity tr. 5)	vative derivative surity Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	Beneficial Ownership (Instr. 4)
													Amoui	nt					

Explanation of Responses:

- 1. Shares sold to satisfy the Reporting Person's tax liability arising as a result of the release of restricted stock units.
- 2. Transaction made pursuant to a 10b5-1 trading plan that was adopted by the Reporting Person on March 15, 2024.
- 3. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$7.14 to \$7.51 inclusive. The reporting person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

(D)

Exercisable

Remarks:

/s/ Paul Alpern, as Attorneyin-Fact for Laurent R. Moll

Shares

Title

09/06/2024

Date

** 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).

Code

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.