FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Inchrication 4/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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. Re (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Hawkins Nicholas B.</u>									,						Direc			10% O\			
															Officer (give title below)			Other (specify below)			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/05/2024									VP a	and Chief Financia		ial Offic	er		
C/O ARTERIS, INC.						12/05/2021															
900 E. HAMILTON AVE., SUITE 300																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)		· · · · · · · · · · · · · · · · · · ·	5008											V		filed by On	e Repo	orting Pers	on		
CAMPB	ELL (^C A 9	3008												Form filed by More than One Reporting						
(O:t)		24-4-)	7 : \												Perso	on					
(City)	(;	State) (2	Zip)																		
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	osed of	, or E	3ene	ficial	ly Own	ed					
1. Title of S	Security (In	str. 3)		2. Transa	ction	tion 2A. Deemed					4. Securitie				5. Amo	unt of 6. C			7. Nature of Indirect Beneficial		
	,	,		Date (Month/Da	av/Year)	Execution D				Transaction Disposed O Code (Instr. 5)		Of (D) (Instr. 3,		3, 4 and	Securit Benefic			rm: Direct) or Indirect			
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				((Month/Day/Year)							Owned Report	Following		(Instr. 4)	Ownership (Instr. 4)			
					Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(5 4)						
Common	2024			S ⁽¹⁾		722	D		\$9.3	184,255			D								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
		Ia									onvertib				OWITE						
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nu	ımber	6. Date I	Exerci	sable and	7. Titl	le and	8	Price of	9. Number	of 1	0.	11. Nature		
Derivative Security	Conversio or Exercise		Execution if any		Transa Code (Expiration Date Amour (Month/Day/Year) Securi					erivative ecurity			Ownership Form:	of Indirect Beneficial			
(Instr. 3)				Day/Year)	8)		Securities		Underlying					nstr. 5)	Beneficially Owned	у 🛭	Direct (D) or Indirect	Ownership (Instr. 4)			
								Acquired (A) or		Derivative Security (Ins				str.		Following		l) (Instr. 4)			
							of (D) (Instr. 3, 4 and 5)		3 and 4)					Reported Transactio	n(s)	;)					
																(Instr. 4)					
					Code V								Amo	unt							
													or Num								
									Date Exercisa	,	Expiration	Tial	of	.							
					Code	Code V (A) (D)				anie	Date Title Shares			62							

Explanation of Responses:

1. Transaction made pursuant to a 10b5-1 trading plan that was adopted by the Reporting Person on May 20, 2024.

Remarks:

/s/ Paul Alpern, as Attorneyin-Fact for Hawkins Nicholas 12/06/2024

<u>B.</u>

** 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.