FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Chitkara Raman			2. Issuer Name and Ticker or Trading Symbol Arteris, Inc. [AIP]									ck all app	ionship of Reporting all applicable) Director		son(s) to Is				
(Last)	(Fir	st) (M	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 06/04/2024								Office below	r (give title		Other (s below)	specify		
C/O ARTERIS, INC.			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable									
900 E. HAMILTON AVE., SUITE 300											Line) Form filed by One Reporting Person								
(Street)															_	filed by Moi		•	
САМРВ	AMPBELL CA 95008		Rul	Rule 10b5-1(c) Transaction Indication															
(City)	(St	(State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to													
					satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or E	Bene	ficiall	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3,			, 4 and Securi Benefi Owned		ities Folicially (D)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
					Code	v	Amount	(A) (D)) or)	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock 06/04/2			2024		A		19,287(1) 1	A	\$0.00	00 137,028(2)			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)	if any	emed ion Date, /Day/Year)	Code (Inst		of Deriv Secu Acqu (A) of Dispo	posed D) tr. 3, 4		ion Da	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Di Si (II	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amor or Numi of Share	ber					

Explanation of Responses:

1. Includes 19,287 restricted stock units ("RSUs"), each of which represents a contingent right to receive one share of the Issuer's common stock. The RSUs will vest in full on the earlier of (i) the first anniversary of the grant date and (ii) immediately before the Annual Meeting following the grant date, subject to the reporting person continuing to provide services to Issuer's Board through such vesting date. The RSUs have no expiration date.

2. Includes 64,778 restricted stock units. The reporting person has elected to defer 45,491 shares underlying RSUs.

Remarks:

/s/ Paul Alpern, as Attorneyin-Fact for Raman Chitkara

06/06/2024

** 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.