FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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hours per response:	0.5							

	Check this box if no longer subject to
\neg	Section 16. Form 4 or Form 5
$_{-}$	obligations may continue. See
	Instruction 1(b).

					or	Secti	on 30(n) (of the	Inve	estment (Jompa	any Act	of 194	10						
1. Name and Address of Reporting Person* AGARWAL SUNIL				2. Issuer Name and Ticker or Trading Symbol Astria Therapeutics, Inc. [ATXS]									(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 1			\vdash								_ -	X Directo	or		10% Ov	wner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/08/2024										Officer below)	(give title		Other (s	specify
C/O AS	TRIA THEF	RAPEUTICS, IN	IC.			f Ama	endment,	Data :	of Or	riginal Fil	od (N4	Aonth/Da	w/Voo	\r\	6 15	idividual or .	loint/Crour	. Eilina	(Chook An	nlicable
75 STAT	E STREET	SHITE 1400			4.1	ii Aiile	andment,	Date (oi Oi	nginai Fil	eu (IVI	violilli/Da	ту/ теа	11 <i>)</i>	Line		John Group	י רוווו	і (Спеск Ар	plicable
75 STATE STREET, SUITE 1400													X Form filed by One Reporting Person				n			
(Street)															Form f Persor		re than	One Repo	rting	
BOSTON MA 02109					Dula 10hE 1(a) Transaction Indication															
(City)	(S	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication														
						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.														
		Tak	ole I - No	n-Deri	vativ	e Se	curities	s Ac	qui	ired, D	ispo	osed o	f, or	Ben	eficiall	y Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Yea		e, Transaction Disp Code (Instr. 5)		I. Securities Acquired (A) Disposed Of (D) (Instr. 3, 6)			(A) or 3, 4 and	Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership				
								7	Code V	΄ Δ	Amount (1		(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
			Table II -				urities s, warr									Owned		•	•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		s ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Dat Exe	te ercisable	Exp Date	piration te	Title		Amount or Number of Shares					
Ctools																				

Explanation of Responses:

Option

(Right to Buy)

1. This option was granted on April 8, 2024 and is scheduled to vest as to one-third of the shares of common stock underlying the option on each anniversary of the grant date until the third anniversary of the grant date, subject to the director's continued service

> /s/ Ben Harshbarger, as attorney-in-fact for Sunil

28,200

04/09/2024

28,200

D

<u>Agarwal</u>

04/07/2034 Common

** 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).

04/08/2024

** 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.