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 Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Komjathy Andrew						2. Issuer Name and Ticker or Trading Symbol Astria Therapeutics, Inc. [ATXS]								(Chec	k all app Direc	,	ng Pei	rson(s) to Is 10% O Other (wner
(Last) (First) (Middle) C/O ASTRIA THERAPEUTICS, INC. 100 HIGH STREET, FLOOR 28						3. Date of Earliest Transaction (Month/Day/Year) 11/19/2021								X		below) Chief Commo		below) al Officer	
(Street) BOSTON MA 02110 (City) (State) (Zip)					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	*				
Table I - Non-Derivat 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					tion	ion 2A. Deemed Execution Date,			3. 4. Securitie Transaction Disposed C Code (Instr. 5)			s Acqu	ired (A) or	5. Amo Securit Benefic	unt of	Form (D) o	vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
Common Stock 11/19/2					2021	021			Code	v	Amount (A) (D)		_	ice 6.695	Reported Transaction(s) (Instr. 3 and 4)			D	(Instr. 4)
	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)	ecurity Conversion Date ecurity or Exercise (Month/Day/Yo			3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Sei (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

/s/ Jill C. Milne, as attorneyin-fact for Andrew Komjathy

11/23/2021

** 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.