| SEC Form 4 | | | | | | | | | | |
|--------------------|--|-----------------|---|--|--|-------------|----|--|--|--|
| FC | RM 4 | UNITED S | TATES SECURITIES AND EXCHANGE CO Washington, D.C. 20549 | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | |
| Section 16. F | ox if no longer subject form 4 or Form 5 lay continue. <i>See</i> b). | to STATEI | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | - | OMB Number: 3235-028 Estimated average burden hours per response: 0. | | | | | |
| | dress of Reporting F | | 2. Issuer Name and Ticker or Trading Symbol <u>Astria Therapeutics, Inc.</u> [ATXS] | 5. Relationship of F (Check all applicab | ole) |) to Issuer | | | | |
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/05/2024 | Officer (gi below) | ive title Other (specified below) | | fy | | | |
| | THERAPEUTI | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | oint/Group Filing (Check Applicable ed by One Reporting Person | | | | | |
| (Street) BOSTON | MA | 02110 | | Form filed Person | d by More than One | Reporting | | | | |
| (City) | (State) | (Zip) | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | r written plan that is i | ntended to | | | | |
| | | Table I - Non-D | erivative Securities Acquired, Disposed of, or Bene | ficially Owned | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------------------------------|---|--------------------------------------|---------------|-------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130. 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and | ive ies ed ed nstr. | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 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 Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$9.18 | 06/05/2024 | | A | | 14,100 | | (1) | 06/04/2034 | Common Stock | 14,100 | \$0 | 14,100 | D | |

Explanation of Responses:

1. This option was granted on June 5, 2024 and will vest in its entirety on the one-year anniversary of the grant date, subject to the director's continued service.

/s/ Ben Harshbarger, as 06/06/2024 attorney-in-fact for Michael **Kishbauch**

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.

** Signature of Reporting Person

Date