FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
١	to Section 16. Form 4 or Form 5
J	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(b) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     Cantwell Wayne C					2. Issuer Name <b>and</b> Ticker or Trading Symbol Arteris, Inc. [ AIP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
(Last)	(Fi	rst) (	Middle)	-	3. Date 06/06			Tran	sactio	on (Mor	nth/Day/Year			er (give title		Oth	Other (specify below)		
C/O ARTERIS, INC. 595 MILLICH DR., SUITE 200			4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street) CAMPB	Street) CAMPBELL CA 95008											Form filed by More than One Reporting Person							
(City)	(State) (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.													nded to		
		Table	I - Non-Deri	ivati	ive Se	ecui	ities	Acc	quire	ed, Di	isposed c	of, or I	Benefic	ially Owr	ned				
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Tr	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								C	ode	v	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 and					
Common Stock			06/06/2	023					A		48,378(1)	A	\$0.00	243,9	82	D			
Common Stock														38,761				By: Decathlon Capital Management 401K Plan FBO Wayne Cantwell	
		Tal	ble II - Deriv (e.g.,								posed of converti				ed				
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/Ye	•,	4. Transac Code (Ir 8)		5. Numb of Deriv Secur Acqu (A) or Dispo of (D) (Instr. and 5	ative rities ired osed	Exp (Mo	ate Exe iration I nth/Day		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 Exe	e rcisable	Expiration Date	Title	or Number of Shares						

## Explanation of Responses:

1. Includes 48,378 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.

## Remarks:

/s/ Paul Alpern, as Attorney-

in-Fact for Wayne C.

06/08/2023

Cantwell

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.