FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

heck this box if no longer subject
Section 16. Form 4 or Form 5
bligations may continue. See
naturation 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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* Moll Laurent R						2. Issuer Name and Ticker or Trading Symbol Arteris, Inc. [AIP]									k all app Direc	ionship of Reportir all applicable) Director Officer (give title		son(s) to Is 10% Ov Other (s	wner
(Last)	(Fii ΓERIS, INC	, ,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023									below) below) Chief Operating Officer				
595 MIL	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	,										
(Street)	ELL CA	A 9	5008												filed by One Reporting Person filed by More than One Reporting on				
(City)	(St	ate) (2	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 - No	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	Benefi	cially	y Own	ed			
Dat			Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)					5. Amo Securit Benefic Owned Report	ties cially Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pri	ice	Transa	orted nsaction(s) tr. 3 and 4)			
Common Stock 09/01/2					2023				F ⁽¹⁾		27,057	Г	\$	7.18	7.18 575,745			D	
Common	ommon Stock 09/01/2					2023					34,580	D \$		7.18	.18 541,16			D	
Common Stock 09/01/2						2023					804	Γ	\$	7.18	7.18 540,361(4)		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e (s l ally l	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	Amour or Number of Shares	er					

Explanation of Responses:

- 1. The reported transaction involved the withholding of 27,057 shares of stock issuable upon the vesting of restricted stock units to pay taxes.
- 2. The reported transaction involved the withholding of 34,580 shares of stock issuable upon the vesting of restricted stock units to pay taxes.
- 3. The reported transaction involved the withholding of 804 shares of stock issuable upon the vesting of restricted stock units to pay taxes.
- 4. Includes 354,590 restricted stock units.

Remarks:

/s/ Paul Alpern, as Attorneyin-Fact for Laurent R. Moll

09/06/2023

** 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.