FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C	20549
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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
1 0 0 400

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). See Instruction 10. 1. Name and Address of Reporting Person* Cantwell Wayne C				2. Issuer Name and Ticker or Trading Symbol Arteris, Inc. [AIP]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
													 ✓ Direc				0% Ow			
(Last)	(Fir	,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025							Officer (give title Other (sp below) below)					pecify				
		AVE., SUITE 3	00																	
				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)							
(Street)													Form filed by One Reporting Person							
CAMPBELL CA 95008														Form filed by More than One Reporting Person						
(City)	(City) (State) (Zip)																			
		Table	I - Non-Deriva	tive Se	curi	ties Ac	qui	red,	Dispos	ed of,	or	Benefici	ally Own	ed						
Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Cod	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Cod	le V	,	Amount	(A) or (D) Price		ice	Reported Transactio (Instr. 3 an			. ,				
Common	nmon Stock 01/02/2025		01/02/2025			S)		5,000	D \$11.005		11.0058(2)	233,198		D					
Common	Stock		01/03/2025			S)		5,000	D	T	\$12.08	228,1	98	D	D				
Common Stock												38,76	51	I		Capi Mana 401K	agement I Plan Wayne			
		Tal	ole II - Derivati (e.g., pu											d						
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. Transaction Code (Instr. 8)		i. Number 6		Date Exercisable and control of the			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5) Ber Ow Fol Rep		urities Forr eficially Dire led or In		tt (D) direct (Instr. 4)			
				(A) (D)	Date Expli Exercisable Date			iration	Title	Amount or Number of Shares	er									

Explanation of Responses:

- 1. Transaction made pursuant to a 10b5-1 trading plan that was adopted by the Reporting Person on June 7, 2024.
- 2. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$11.00 to \$11.04 inclusive. The Reporting Person undertakes to provide the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote

Remarks:

/s/ Paul Alpern, as Attorneyin-Fact for Cantwell Wayne C

01/06/2025

** 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.