FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasilington,	D.O.	20070

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

Name and Address of Reporting Person* Alpern Paul L				2. Issuer Name and Ticker or Trading Symbol Arteris, Inc. [AIP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Alpern	Paul L					,	<u> </u>		٠,					V		er (give title		10% Ov Other (s	
(Last) (First) (Middle) C/O ARTERIS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024							below) below) VP and General Counsel							
900 E. H	AMILTON	AVE., SUITE 3	00		4 If	Amond	mont D	ato o	of Origi	inal Eil	lod (Month/	Day/Voa		6 Indi	vidual o	r Joint/Group	n Eilir	ng (Chock A	nnlicable
(Street)	ELL CA	A 9	5008		If Amendment, Date of Original Filed (Month/Day/Year)						Line)	<u>,</u>							
(City)	(St	ate) (Ž	Zip)																
		Table	I - N	lon-Deriva	tive	Secui	rities	Acc	quire	d, Di	sposed	of, or I	3enefi	cially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execution Date,		, [Transaction Disposed C			es Acquir Of (D) (Ins	Acquired (A) or (D) (Instr. 3, 4 ar		Securi Benefi Owned	icially d Following	Fori	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			09/03/20	24				S ⁽¹⁾		280	D	\$7.8	\$7.8718 74,283 D				D	
Common	Stock			09/03/20	24				S ⁽²⁾		402	D	\$7.7	7.7505 ⁽³⁾ 73,881				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)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		cution Date,		Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							ıl						Amour	ıt		I			I

Explanation of Responses:

- 1. Shares sold to satisfy the Reporting Person's tax liability arising as a result of the release of restricted stock units.
- 2. Transaction made pursuant to a 10b5-1 trading plan that was adopted by the Reporting Person on May 8, 2024.
- 3. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$7.70 to \$7.99 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.

Exercisable

(D)

(A)

Remarks:

/s/ Paul Alpern

Title

09/05/2024

** Signature of Reporting Person

Number

Shares

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).

Code

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.