FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

						- () -				,									
1. Name a	2. Issuer Name and Ticker or Trading Symbol Arteris, Inc. [AIP]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner								
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 07/13/2023										title	Other (specify below)		·
C/O ARTERIS, INC. 595 MILLICH DR., SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) CAMPBELL CA 95008				Form filed by More than One Reporting Person															
(City)	(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.														
		Table	- Non-Derivat	ive Se	ecui	ities	Acq	uire	ed, Di	ispose	d of,	or	Benefic	ially Owr	ned				
Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Trans Code 8)							5. Amount of Securities Beneficially Owned		6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
						Code	\	/ An	nount	(A) or (D)	Pr	ice	Following Reported Transaction(s) (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)		
Common Stock 07/13/2023							S ⁽¹⁾			570 D \$8.000		8.0005(2)	226,053(3)		D				
Common Stock														38,761		I		By: Decathlon Capital Management 401K Plan FBO Wayne Cantwell	
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. Transac Code (Ir 8)	tion	5. Num of Deriv Secu Acqu (A) o Dispo	ber vative rities iired r osed)	6. D	ate Exe	Exercisable and tion Date //Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of 9. Derivative de Security (Instr. 5) Br. Re. Tr. (Ir.		ing ted action(s)	10. Owner Form: Direct or Indi (I) (Ins	rship (D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exe	e rcisable		Expiration Date Title		or Number of Shares						

Explanation of Responses:

- 1. Transaction made pursuant to a 10b5-1 trading plan that was adopted by the Reporting Person on March 10, 2023.
- 2. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$8.00 to \$8.01 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.
- 3. Includes 48,378 restricted stock units.

Remarks:

/s/ Paul Alpern, as Attorney-

in-Fact for Wayne C. 07/17/2023

Cantwell

** 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.