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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

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

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

10b5-1(c). See Ins		*	2. Issuer Name and Ticker or Trading Symbol	5 Rola	tionship of Poporting Por	con(c) to locuor			
1. Name and Address of Reporting Person [*] Griffith Donald J.			Sonnet BioTherapeutics Holdings, Inc. [SONN]	(Check	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/11/2023		Director Officer (give title below)	10% Owner Other (specify below)			
100 OVERLOOK CENTER, SUITE 102		SUITE 102	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) PRINCETON,	NJ	08540		X	, ,	orting Person n One Reporting Person			
(City)	(State)	(Zip)							
		Table I - Non-	Derivative Securities Acquired, Disposed of, or Beneficia	ally Ow	ned				

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	 Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	12/11/2023	Α		317	Α	(1)	375 ⁽²⁾⁽³⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of 8. Price of 9. Number of 10. 11. Nature Date Derivative Conversion Execution Date Transaction Derivative Expiration Date Securities Underlying Derivative derivative Ownership of Indirect Security (Instr. 3) or Exercise Price of (Month/Dav/Year if any (Month/Day/Year) (Month/Dav/Year) **Derivative Security** Code (Instr. Securities Security Securities Form: Beneficial 8) Acquired (A) (Instr. 3 and 4) (Instr. 5) Beneficially Direct (D) Ownership Derivative or Disposed of Owned or Indirect (Instr. 4) Security (D) (Instr. 3, 4 Following (I) (Instr. 4) and 5) Reported Transaction(s) (Instr. 4) Amount or Date Expiration Number v Code (A) (D) Exercisable Date Title of Shares

Explanation of Responses:

1. On December 11, 2023, the Reporting Person was granted 317 restricted stock units, which will be settled in shares of common stock, par value \$0.0001. The restricted stock units vest as to 100% of the restricted stock units on January 1, 2025.

2. Includes unvested restricted stock units.

3. All amounts reflect the Issuer's 1:22 reverse stock split effective as of August 31, 2023 and 1:8 reverse stock split effective as of September 30, 2024.

/s/ John Harry Cross III, power of	12/05/2024		
attorney	12/03/2024		
** 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.