FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

	7110		
Machinaton	$D \subset \mathcal{M}$	15/10	

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bur	rden
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).

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 10b5-

## 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 or	nd Address of	Penorting Person*			2. Iss	suer Na	ame aı	nd Tick	er or Tra	adina :	Svmbol			5. Rela	ationshir	o of Reportin	na Perso	on(s) to Is	suer
Name and Address of Reporting Person*  Lottmann Susan E				2. Issuer Name and Ticker or Trading Symbol Aterian, Inc. [ ATER ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Lattmann Susan E.</u>													Director			10% Owner			
(Last) (First) (Middle) 350 SPRINGFIELD AVENUE SUITE #200			3. Date of Earliest Transaction (Month/Day/Year) 08/16/2024								Officer (give title Other (specify below)					specify			
					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,				(	,		Line)			_		
SUMMI	T NJ	0	7901											1		filed by On		•	
													Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	<u>Z</u> ip)																
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securiti Benefic Owned		ties cially I Following	Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount (A)		or Pr	ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 08/16/				2024			<b>A</b> <sup>(1)</sup>		33,693	A	\	\$ <mark>0</mark>	64,876		D				
		Tal									osed of, onvertib				Owne	d		,	
Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		if any	med on Date, Day/Year)	Date, Transaction Code (Instr.		of Deriv Secu Acqu (A) o Disp of (D	osed ) r. 3, 4	Expiration Da (Month/Day/Y		te Amount of		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y O Fo O (I)	0. wnership orm: irect (D) r Indirect ) (Instr. 4)	Beneficia Ownershi (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	ablo	Expiration Date	Title	Amour or Number of Shares	er						

## **Explanation of Responses:**

1. Comprised of shares of restricted common stock granted pursuant to the Issuer's 2018 Equity Incentive Plan that are subject to vesting.

/s/ Susan Lattmann

08/20/2024

\*\* 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.