SEC I	Form 4

Instruction 1(b)

## FORM 4

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

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-
Estimated average	burdon

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

	atisfy the affirmative itions of Rule 10b5- ruction 10.					
1. Name and Add Lepper Phil	lress of Reporting F Illip	Person <sup>*</sup>	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Aterian, Inc.</u> [ ATER ]	(Check	tionship of Reporting Po all applicable) Director	erson(s) to Issuer 10% Owner Other (specify
(Last) (First) (Middle) 350 SPRINGFIELD AVENUE SUITE #200		( )	3. Date of Earliest Transaction (Month/Day/Year) 09/11/2024		Officer (give title below) Chief Revenue	below)
(Street) SUMMIT	NJ	07901	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil Form filed by One Re Form filed by More th	porting Person
(City)	(State)	(Zip)			Person	. •

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/11/2024		<b>S</b> <sup>(1)</sup>		7,721	D	\$3.06 <sup>(2)</sup>	179,645	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 (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe	r osed ) r. 3, 4	Expiration Date (Month/Day/Year)		tion Date Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

### Explanation of Responses:

1. Shares were automatically sold by the Reporting Person on a non-discretionary basis solely to satisfy tax withholding obligations upon the vesting of restricted stock awards.

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.04 to \$3.14, inclusive. The reporting person undertakes to provide Aterian, Inc. (the "Company"), any security holder of the Company, 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 herein in this footnote.

#### /s/ Phillip Lepper 09/13/2024

\*\* 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.