FORM 4

Check this box if no longer subject

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

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  von Walter Amy					2. Issuer Name and Ticker or Trading Symbol Aterian, Inc. [ ATER ]									k all app	ionship of Reporti all applicable) Director		rson(s) to I		
(Last)	(F ERIAN, IN	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/21/2021									Office below	icer (give title ow)		Other ( below)	specify	
37 EAST 18TH STREET, 7TH FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	ORK N	Y 1	.0003											Line) X		filed by On filed by Mo		•	- 1
(City)	(5	State) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution D		Date,	3. Transaction Code (Instr. 8)				, 4 and Secur Benef Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	Amount (A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/21/				2021			P		1,500	A \$		16.3	34,825			D			
		Tal									osed of, onvertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)	Instr.	of	r osed (, 3, 4	6. Date Expirati (Month/	ion Da /Day/Y		Deriv Secu 3 and	unt of rities rlying ative rity (Ins	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

Remarks:

/s/ Joseph Risico as attorneyin-fact for Amy von Walter

05/25/2021

\*\* 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.