FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

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

Name and Address of Reporting Person* Mottiwala Aziz					2. Issuer Name and Ticker or Trading Symbol Tarsus Pharmaceuticals, Inc. [TARS]									Check	all app Direc	licable)	ng Person(s) to 10% C		
(Last) (First) (Middle) C/O TARSUS PHARMACEUTICALS, INC. 15440 LAGUNA CANYON ROAD, SUITE 160					3. Date of Earliest Transaction (Month/Day/Year) 11/02/2021									X	below		iercia	below)	
(Street) IRVINE CA 92618 (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	′					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					ear) i	f any	med on Date, Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securi Benefi		ities Fo icially (D) d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code V		Amount	(A) or (D)	Price		Transa	nsaction(s) tr. 3 and 4)			(111311. 4)
Common Stock 11/02/202					21				S ⁽¹⁾		5,458	D	\$26.75	⁷ 53 ⁽²⁾ 52		2,745		D	
Common Stock 11/02/202				21				S ⁽¹⁾		542	D	\$27.07	71 ⁽³⁾	52,203			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)	ative Conversion Date Exe rity or Exercise (Month/Day/Year) if ar		if any	cution Date, Tra		ection Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration I (Month/Day		ate	7. Title Amou Secur Under Deriva Secur 3 and	int of rities rlying ative rity (Instr. 4)	Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Shares						

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected by an automatic sale pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on September 13, 2021.
- 2. The price reported in column 4 is a weighted average price. The shares were pooled and sold in multiple transactions at prices ranging from \$26.020 to \$27.015. The Reporting Person undertakes to provide to 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. The price reported in column 4 is a weighted average price. The shares were pooled and sold in multiple transactions at prices ranging from \$27.020 to \$27.730. The Reporting Person undertakes to provide to 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.

Remarks:

/s/ Leonard M. Greenstein, Attorney-in-Fact

11/04/2021

** 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.