FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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|------------|----|-------|-----|---------|---|
| Machinaton | DC | 20540 | a a | | |

OMB APPROVAL 3235-0287 Estimated average burden

0.5

hours per response:

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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

| 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- |
|---|
| defense conditions of Rule 10b5- |

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------------|-----------------------------------|-----------------|--|--|--|--|---|-------|--------------------|--|---|---|--|--|---------------|---|---------------------------------------|--|
| Name and Address of Reporting Person* Morrison Scott W | | | | | 2. Issuer Name and Ticker or Trading Symbol Tarsus Pharmaceuticals, Inc. [TARS] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Last) (First) (Middle) 15440 LAGUNA CANYON ROAD, SUITE 160 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 09/30/2024 | | | | | | | | | | Office below | er (give title /) | e | Other below | (specify | |
| (Street) IRVINE CA 92673 | | | | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (Sta | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benefic | ciall | y Own | ed | | | | |
| Date | | | 2. Transact Date (Month/Day | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Ad Disposed Of (D 5) | | s Acquired (A) or f (D) (Instr. 3, 4 and | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | Pric | Reported Transaction (Instr. 3 and | | tion(s) | | | (Instr. 4) | |
| Common Stock 09/30/2 | | | | 09/30/2 | 024 | | | G | | 6,016 | D | \$ | 0 | 0 | | D ⁽¹⁾ | | | | |
| Common Stock | | | | | | | | | | | | | | 6,016 | | I (1) | | By Morrison- Minton Family 2004 Trust | | |
| | | Tal | ble II - | | | | | | | | osed of, | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Ex (Month/Day/Year) if | if any | ` | 4. Transa | 4. Transaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | isable and | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | 8. De Se (Ir | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amoun or Number of Shares | r | | | | | | |

Explanation of Responses:

1. The Reporting Person transferred 6,016 shares of common stock to the Morrison-Minton Family 2004 Trust for no consideration. The Reporting Person is trustee of the Morrison-Minton Family 2004 Trust, and the Reporting Person and his spouse are the sole beneficiaries of the trust.

Remarks:

/s/ Scott Sieckert, Attorney-in-**Fact**

** Signature of Reporting Person

10/02/2024

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.