## FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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 10b5-1(c). 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

Instruc	ion io.																	
1. Name and Address of Reporting Person* Goodrich Katherine					2. Issuer Name and Ticker or Trading Symbol Tarsus Pharmaceuticals, Inc. [ TARS ]							(Ch	Relationship of eck all applic	able)	Pers	Person(s) to Issuer		
(Last) (First) (Middle) C/O TARSUS PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 11/13/2024							- '		give title		Other (s below)	·	
15440 LAGUNA CANYON ROAD, SUITE 160				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) IRVINE	•												Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, [	Disp	osed o	f, or Be	neficial	y Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Code (Instr. 5)		ed (A) or tr. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	v	Amount	(A) or (D)	Price	Transact	Fransaction(s)			(111541.4)		
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 Execution Date, Trity or Exercise (Month/Day/Year) if any C			ransaction of ode (Instr. Derivative			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	Beneficial Ownership (Instr. 4)		
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$46.51	11/13/2024			Α		10,000		(1)	1	1/12/2034	Common Stock	10,000	\$0	10,000	)	D	
Restricted Stock Units	(2)	11/13/2024			A		6,700		(3)		(3)	Common Stock	6,700	\$0	6,700		D	

#### **Explanation of Responses:**

- 1. The option shares will vest in three equal annual installments beginning on November 13, 2025, subject to the Reporting Person's continuous service.
- 2. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of the Company's common stock.
- 3. The RSUs will vest in three equal annual installments on December 15th of each of 2025, 2026, and 2027, subject to the Reporting Person's continuous service.

## Remarks:

/s/ Scott Sieckert, Attorney-in-

11/15/2024

Fact

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.