FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OIVIB APPROVAL										
	OMB Number:	3235-0287									
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	hours per response:	0.5									
- 1											

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

								,			. , .								-	
1. Name and Address of Reporting Person* YARNO WENDY L						2. Issuer Name and Ticker or Trading Symbol Tarsus Pharmaceuticals, Inc. [TARS]									k all appli	tionship of Reporting Pe all applicable) Director		son(s) to Iss		
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/24/2024									Officer	Officer (give title below)		Other (s	· I	
C/O TARSUS PHARMACEUTICALS, INC.				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
15440 LAGUNA CANYON ROAD, SUITE 160					and the state of t								Line) Form filed by One Reporting Person							
(Street)																	e thar	One Repo	rting	
IRVINE	C	A .	92618			Rule 10b5-1(c) Transaction Indication														
(City)	City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tab	le I - Non	-Deriv	ative	Se	curiti	ies Ac	quired,	Dis	posed o	of, or Be	nefic	ially	Owned	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date			, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			5. Amou Securitie Benefici Owned F Reporte	es For ally (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	r Pri	се	Transaci (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 06/24/					4/2024)24 M ⁽¹⁾ 3,350 A ⁽¹⁾ 10,350		,350		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 Da if any (Month/Day/N	Date, Transac Code (li					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		S (I	. Price of Perivative Pecurity Pecurity Instr. 5)		Own Form Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Share	er						
Restricted Stock Units	(2)	06/24/2024			M			3,350	(3)		(3)	Common Stock	3,35	0	\$0	0		D		

Explanation of Responses:

- 1. The shares were issued pursuant to settlement of vested Restricted Stock Units ("RSUs"). Each RSU represents a contingent right to receive one share of the Company's common stock.
- 2. Each RSU represents a contingent right to receive one share of the Company's common stock.
- 3. RSUs granted on June 22, 2023, in connection with the Reporting Person's service as a non-employee director as of the Company's 2023 annual meeting of stockholders. The RSUs will vest in full on the one-year anniversary of the date of grant, subject to the non-employee director's continuous service.

Remarks:

/s/ Scott Sieckert, Attorney-in-

Fact

** Signature of Reporting Person Date

06/25/2024

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.