FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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).

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* Ackermann Michael | | | | | | 2. Issuer Name and Ticker or Trading Symbol Tarsus Pharmaceuticals, Inc. [TARS] | | | | | | | | | all app Direc | ionship of Reporti all applicable) Director | | 10% O | wner |
|--|--|---------|--------|---|---|---|-----|-----------------|---------------|---------|---|---------------|---|---|--|--|--|---|------------|
| (Last) (First) (Middle) C/O TARSUS PHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2021 | | | | | | | | | | Office | er (give title v) | | Other (below) | specify |
| 15440 LAGUNA CANYON ROAD, SUITE 160 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) IRVINE | | | | | | | | | | | | | X | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell) | | | | | Execution Date | | · / | | | | Acquired (A) or (D) (Instr. 3, 4 ar | | nd 5) Securi Benefi | | ities Folicially (I) d Following (I) | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (113411 4) |
| Common Stock 08/11/202 | | | | | | 21 | | | | | 621 | D | \$25.15 | .152(2) | | .,227,348 | | D | |
| | | Tal | ole II | - Derivati (e.g., pu | | | | | | | osed of, convertib | | | |)wne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expiration Date | Title | 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 May 13, 2021.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices with the range of \$25.030 to \$25.250, inclusive. The Reporting Person undertakes to provide, upon written 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,

08/12/2021

Attorney-in-Fact

** 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.