FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

										of 194							
Name and Address of Reporting Person*     Beck Joanne T.			2. Issuer Name <b>and</b> Ticker or Trading Symbol Astria Therapeutics, Inc. [ ATXS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Deck J	Oaime 1.											_  :	X Directo	r	1	)% Owi	ner
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/02/2023							Officer below)	(give title		ther (sp elow)	oecify	
C/O AS	TRIA THEF	RAPEUTICS, IN	IC.		4 If Am	endment, Date	of Original I	Eilad	(Month/D	av/Voa	ar)	6 Ir	ndividual or .	loint/Grour	Eiling (Ch	ock Ann	alicable
75 STAT	E STREET	, SUITE 1400			4. II AIII	enament, Date	or Originari	iicu	(IVIOITII)	аултеа	ai)	Line	<del>!</del> )	•	0 (	• • •	
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(Street) BOSTO	N M	IA	02109										Form form form form form form formal		e than One	Repor	ting
					Rule	10b5-1(c	) Trans	acti	on Inc	licat	tion						
(City)	(9	itate)	(Zip)		' ' ' ' '	1000 1(0	,		011 1110								
(City)	(3	nate)	(ZIP)			eck this box to inc								on or writter	plan that is	intended	d to
					□ sati	sfy the affirmative	e detense coi	naition	is of Rule .	1005-1(	(c). See	Instruction	on 10.				
		Tab	le I - Nor	n-Deriva	tive Se	ecurities Ac	quired, I	Disp	osed o	of, or	Bene	eficial	ly Owned	i			
Date			2. Transac Date (Month/Da	Execution Date,		Code (Instr. 5)				Benefici Owned F	es ally Following	6. Owners Form: Dire (D) or Indir (I) (Instr. 4)	ct o ect B	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount		(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)		
		7				urities Acq							Owned				
				(e.g., pu	its, cai	ls, warrants	s, option	s, co	onverti	ble s	securi	ties)					
1. Title of	l 2.	3. Transaction	3A. Deeme		ransaction	5. Number	6. Date Exe		ble and		le and unt of		8. Price of Derivative	9. Number		ership	11. Nature of Indirect

Date Exercisable

(1)

Expiration Date

06/01/2033

## **Explanation of Responses:**

\$11.35

Stock Option (Right to

1. This option was granted on June 2, 2023 and will vest in its entirety on the one-year anniversary of the grant date, subject to the director's continued service.

(A)

14,100

(D)

Code

/s/ Ben Harshbarger, as attorney-in-fact for Joanne

Amount or Number

of Shares

14,100

\$<mark>0</mark>

06/06/2023

14,100

D

**Beck** 

Title

Commor Stock

\*\* 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).

06/02/2023

\*\* 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.