FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Chi Lisa						Issuer Name and Ticker or Trading Symbol Arhaus, Inc. [ARHS] Date of Earliest Transaction (Month/Day/Year)									eck all appli Direct Office	cable) or (give title	g Pers	10% Ov Other (s	vner	
(Last) (First) (Middle)					08/02/2024									'	- below	w) below) iief Merchandising Officer				
C/O ARHAUS, INC. 51 E. HINES HILL ROAD					4. It	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)				plicable	
	Street) BOSTON HEIGHTS OH 44236					Form filed by One Reporting Person Form filed by More than One Reporting Person														
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication 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.													d to		
		Tab	le I - No	n-Deri	vative	Sec	curiti	ies Ac	quire	l, Di	sposed	of, or	Ben	eficial	ly Owne	d				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date			Transaction Dispos Code (Instr. 5)		n Dispose	rities Acquired (A) or ed Of (D) (Instr. 3, 4 and				es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D) or)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Class A Common Stock 08/02/2					2/2024	1					4,16	7	A	\$0 ⁽¹⁾	72	2,452		D		
Class A Common Stock 08/02/2					2/2024	1			F		1,441	(2)	D	\$13.6	6 71	,011		D		
		Т	able II -								osed of convert				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,		Transaction Code (Instr.		of		Exerci on Dai Day/Ye		Amour Securi Underl Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	1	Amount or Number of Shares						
Restricted Stock	(1)	08/02/2024			M			4,167	(3)		(3)	Class Comm	on	4,167	\$0	4,166		D		

Explanation of Responses:

- 1. Each Restricted Stock Unit ("RSU") represents a contingent right to receive one share of Class A Common Stock, subject to the Reporting Person's continuous service to the Issuer at the time of vesting.
- 2. Represents the number of shares of Class A Common Stock that have been withheld by the Issuer to satisfy income tax withholding and remittance obligations in connection with the net settlement of the
- 3. Subject to the Reporting Person's continuous service to the Issuer, the RSUs vest pro rata on the first, second, and third anniversaries of the grant date (August 2, 2022).

Remarks:

/s/ Christian Sedor, Attorney-

** Signature of Reporting Person Date

08/05/2024

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.