FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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	uon 10.																				
Name and Address of Reporting Person* Nachiappan Venkatachalam						2. Issuer Name and Ticker or Trading Symbol Arhaus, Inc. [ARHS]										Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>туасттарран успкатаспататт</u>										-						Directo			10% Ov		
																V Oπicer below)	(give title		Other (specify below)		
, ,	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)										Chief Information Officer					
C/O ARHAUS, INC.						11/09/2024															
51 E. HINES HILL ROAD																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)	т.															e) 					
HEIGHT	BOSTON OH 44236															Form filed by One Reporting Person					
HEIGH	TEIUT I S															Form filed by More than One Reporting Person					
(Cit.)	(0)	lata)	(7: ₋)																		
(City)	(5)	tate)	(Zip)																		
		Tab	le I - No	n-Deriv	/ativ	e Se	curit	ties Ad	qı	uired, l	Dis	posed c	of, o	r Ben	eficial	ly Owned	l				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution			·	Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) d Of (D) (Instr. 3,			Benefic	ities icially d Following (r Indirect Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount		(A) or (D)	Price	Transac (Instr. 3	ion(s)			, mau. 4)	
Class A Common Stock 11/09/					9/202	/2024			M		50,000		A	\$0 ⁽¹	89	89,140		D			
Class A Common Stock 11/0				9/2024					F		15,725(2)		D	\$9.6	8 73	73,415		D			
		٦	Гable II -						•	,		osed of,			,	Owned					
1. Title of	2.	3. Transaction	3A. Deeme	\ \ \ \ \	4.	- Cui	Ť	umber	Ĺ	. Date Ex					Amount	8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Transaction Code (Instr. B)		of		E:	xpiration Month/Da	•	of Securit		s Security	Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)				Expiration Date	Title		Amount or Number of Shares						

Explanation of Responses:

(1)

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.

(3)

50,000

- 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 RXIs
- 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 (November 9, 2023).

Remarks:

Restricted

Stock

/s/ Christian Sedor, Attorneyin-Fact
** Signature of Reporting Person

50,000

Class A

Common Stock

11/12/2024

Date

100,000

D

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).

11/09/2024

** 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.