FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	Washingto	n, D.C. 20549	
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	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)

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

Instruct	tion 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)							
1 tacina	ppan ven	Katachalam												Directo	r (give title		10% Ov Other (s	· I
(1 +)	/F:		/N /I: al al a	— -								_	1	below)	(give title		below)	pecity
(Last) (First) (Middle) C/O ARHAUS, INC.			3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025								Chief Information Officer							
51 E. HII	NES HILL	ROAD																
(Street)				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
BOSTON	()	н	44236										1	Form fi	led by One	Repo	orting Persor	ı
HEIGHT	S		11230										Form filed by More than One Reporting Person					
(City)	(St	ate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date				action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			4 and Securitie Beneficia		es Form ally (D) o Following (I) (Ir		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									v	Amount	nt (A) or P		е	Transact (Instr. 3 a	ion(s)			(Instr. 4)
Class A Common Stock								73,415			D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of 2. 3. Transaction Darivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date	te, Tra	4. 5. Number of Orde (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ant 8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Cod	ie V	(A)		Date Exercisab		Expiration Date	Title	Amour or Number of Shares	er					
Restricted Stock Units	(1)	01/15/2025		A		15,000		(2)		(2)	Class A Common Stock	15,00	00	\$0	15,000	0	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.
- 2. Subject to the Reporting Person's continuous service to the Issuer, the RSUs vest equally on the first and second anniversaries of the transaction date.

Remarks:

/s/ Christian Sedor, Attorney-

01/17/2025

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.