SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Section obligat	this box if no lo n 16. Form 4 or ions may contii tion 1(b).		STAT		d pursuan	t to Section 16(a tion 30(h) of the) of the	Secu	uritie	es Exchan	ge A	ct of 193		HIP	Estim	Number ated ave per res	erage burdeı	3235-0287 1 0.5
1. Name and Address of Reporting Person [*] <u>Nachiappan Venkatachalam</u>						2. Issuer Name and Ticker or Trading Symbol Arhaus, Inc. [ARHS]									able) r	g Perso	on(s) to Iss 10% Ov	vner
(Last) (First) (Middle) C/O ARHAUS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/09/2023									X Officer (give title Other (spec below) below) Chief Information Officer			
51 E. HINES HILL ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street) BOSTON HEIGHTS OH 44236															ed by More than One Reporting			
(City)	(S	tate)	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.															
		Ta	ble I - Nor	-Deriv	ative Se	ecurities Ac	quire	d, D	oisp	osed o	f, o	r Bene	ficially	v Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L					3. 4. Securities Acquired (A) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4)						5. Amour Securities Beneficia Owned F Reported	s Ily ollowing	Form: (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
							Cod	e V	/	Amount	(A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
						curities Acqu Is, warrants								Owned				
1. Title of Derivative	2. Conversion	3. Transaction Date	ate, 4. Tra	5. Number of 6. Date Exercisable and 7. Title and Am nsaction Derivative Expiration Date of Securities						unt 8. Price of 9. Nu Derivative deriva			10. Ownership	11. Nature of Indirect				

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		Derivative		6. Date Exerc Expiration Da (Month/Day/\	ate	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Restricted Stock Units	(1)	11/09/2023		A		150,000		(2)	(2)	Class A Common Stock	150,000	\$0	150,000	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 pro rata on the first, second, and third anniversaries of the transaction date.

Remarks:

/s/ Christian Sedor, Attorney-in-11/14/2023

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.