FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

Vashington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).			Filed							ies Exchangen pany Act of		of 193	34		nours	s per re	sponse:	0.5	
1. Name and Address of Reporting Person* <u>Marquet Magda</u>					2. Issuer Name and Ticker or Trading Symbol Arcturus Therapeutics Holdings Inc. [ ARCT]							(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last)	(F	irst) (I	Middle)			•									Office below	er (give title /)		Other (below)		
C/O ARCTURUS THERAPEUTICS HOLDINGS INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/15/2022															
10628 SCIENCE CENTER DRIVE, SUITE 250					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable							
(Street) SAN DIEGO CA 92121														1 ′	Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	tate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	eficiall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,			Date,	3. Transaction Code (Instr. 8) 4. Securities Acquirities Acquiriti						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Pr		Price	Transac (Instr. 3	ction(s)			(11130.4)		
Common	Stock			12/15/2022 P 2,222 A \$18 24,94		-,942		I	Via Alma Life Sciences, LLC											
		Tal									osed of, o				Owne	d	,			
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Di Se (li	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or	ount nber res							

**Explanation of Responses:** 

## Remarks:

Exhibit 24 - Power of Attorney

12/19/2022 /s/ Ilan Katz, attorney-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.