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								
hours per response:								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  SASSINE ANDY				2. Issuer Name and Ticker or Trading Symbol Arcturus Therapeutics Holdings Inc. ARCT ]								heck all ap	plicable)	or 10% Ov		vner		
(Last) (First) (Middle) C/O ARCTURUS THERAPEUTICS HOLDINGS					3. Date of Earliest Transaction (Month/Day/Year) 06/12/2024								belo	w) ``	ncial	below)  cial Officer		
INC. 10628 SCIENCE CENTER DRIVE, SUITE 250					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Lii	Individual or Joint/Group Filing (Check Applicable e)  Form filed by One Reporting Person				.		
(Street) SAN DII	Street) SAN DIEGO CA 92121											Form filed by More than One Reporting Person				orting		
(City)	(St	ate) (Z	Zip)		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.											nded to		
		Table	I - No	on-Deriva	tive S	Secur	ities	Acc	uired	l, Dis	posed of	, or B	enefici	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/				Year) Execu		eemed ution Date, th/Day/Year)					rities Acquired (A) ed Of (D) (Instr. 3,		d 5) Secu Bene Own	. Amount of Securities Seneficially Owned Following		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price	Repo Trans (Inst	rted saction(s) : 3 and 4)	ction(s)		(Instr. 4)
Common Stock 06/12/20					.024				S <sup>(1)</sup>		50,000	D	\$32.0	3(2)	20,526		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed Ition Date, h/Day/Year)	4. Transa Code ( 8)	Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## Explanation of Responses:

- 1. The sales reported on this Form 4 were effected in open market transactions by the Reporting Person.
- 2. Reflects the weighted average price of 50,000 shares of common stock of Arcturus Therapeutics Holdings Inc. (the "Issuer") sold by the Reporting Person in multiple transactions on June 12, 2024, with sales prices ranging from \$31.52 to \$33.54 per share. The Reporting Person undertakes to provide, upon request by the U.S. Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate price.

/s/ Ilan Katz, attorney-in-fact 06/14/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.