FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF	CHANGES	IN BFI	NEFICIAL	OWNERSHIP
	O.	CHANCES	III DEI	ALI IOIAL	CVVIALITORIII

	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).

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

Name and Address of Reporting Person* SASSINE ANDY				2. Issuer Name and Ticker or Trading Symbol Arcturus Therapeutics Holdings Inc. [ARCT]					CT (Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O ARCTURUS THERAPEUTICS HOLDINGS		1.12	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2023)	Officer (give title below) below Chief Financial Officer			pecify			
INC. 10628 SCIENCE CENTER DRIVE, SUITE 250			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SAN DII	EGO C	A	92121									Form fil Person		nan One Repor	ing
(City)	(S	tate)	(Zip)	R	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.						o satisfy				
		Ta	ble I - Non-	Derivativ	ve Se	curities	Acc	quired, Di	sposed (f, or Be	neficially	Owned			
Date			2. Transactio Date (Month/Day/`	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				5. Amoun Securities Beneficia Owned Fo	Form (D) or ollowing (I) (In	orm: Direct) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Dwnership		
							Code V	Amount	(A) o (D)	r Price	Reported Transacti (Instr. 3 a	on(s)		Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
		e, Transa Code (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) 7. Title and Ai of Securities Underlying Derivative Se (Instr. 3 and 4		ities ng re Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiratior Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (right to buy)	\$28.88	12/15/2023		A		75,000 ⁽¹⁾		(2)	12/15/203	Commor Stock	75,000	\$0.00	75,000	D	

Explanation of Responses:

- 1. Represents options to purchase shares of common stock granted pursuant to the Company's Amended and Restated 2019 Omnibus Equity Incentive Plan, as amended.
- 2. The shares underlying this option vest 25% on December 15, 2024, the first anniversary of the date of grant, and the remainder vest in equal increments on each successive one-month anniversary thereafter for the next thirty-six months.

/s/ Ilan Katz, attorney-in-fact

** Signature of Reporting Person

12/19/2023

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.