## FORM 4

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

STATEMENT (	OF CHANGES II	N BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	urden								
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*     IMRAN MIR A			Ra	2. Issuer Name and Ticker or Trading Symbol Rani Therapeutics Holdings, Inc. [ RANI ]									all applic Director	able)	g Pers	on(s) to Issu 10% Ow	ner			
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Mo 05/25/2023					th/Da	ay/Year)				Officer ( below)	(give title		Other (specification)	pecify	
C/O RAI	NI THERA	PEUTICS LLC			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
2051 RII	NGWOOD .	AVE.												Line)						
					-									X		,		rting Person		
(Street)															Form fill Person		e than	One Report	ing	
SAN JO	SE C.	A	95131			_	4015	4 ( )												
,					⊦∣Ru	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		lп	Che	ck this box	to indi	icate that a tra	nsact	tion was n	nade pursu	ant to a con	tract, i	nstruction	or written p	olan tha	at is intended	to	
					Ι⊔	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.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execution Date		, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Beneficia Owned F		s Formally (D) (of ollowing (I) (II)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
						Code	v	Amount	mount (A) or (D)		- 1	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)				
			Table II - D	Deriva	tive S	Sec	urities	Aca	uired, Dis	spos	sed of	or Ber	eficially	/ Ow	ned					
									, options											
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			C	ransact Code (In:	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 Amo of Securities Underlying Derivative Sect (Instr. 3 and 4)			ties ng e Security	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		Ownership of In Form: Ben Direct (D) Own	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				С	Code V		(A)	(D)	Date Exercisable	Exp Dat	piration te	Title	Amount or Number of Shares			(Instr. 4)	J.1(J)			
Stock Option (Right to Buy)	\$4.11	05/25/2023			A		101,276		(1)	05/	24/2033	Class A Common Stock	101,276	5	\$0.00	101,27	6	D		

## **Explanation of Responses:**

. The shares subject to the option vest in full on the first anniversary of the date of grant, subject to the recipient's Continuous Service (as defined in the Company's 2021 Equity Incentive Plan) through such vesting date; provided, that, if earlier, the shares subject to the option will vest in full upon the occurrence of either of the following events: the Company's next annual stockholder meeting or a Change in Control (as defined in the 2021 Equity Incentive Plan).

## Remarks:

/s/ Josh Seidenfeld, Attorneyin-Fact for Mir Imran

05/30/2023

\*\* 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.