## FORM 4

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

Vashington,	$D \subset$	205/10
vasiiiigioii,	D.C.	20349

STATEMENT	OF C	HANGES	IN BEN	IEFICIAL	OWNERS	HIP

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

1. Name and Address of Reporting Person* Farquharson Andrew					2. Issuer Name and Ticker or Trading Symbol Rani Therapeutics Holdings, Inc. [ RANI ]							(Che	elationship ceck all applic	able)	Perso	on(s) to Issu		
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023								Officer below)	(give title		Other (sp below)	pecify
C/O RANI THERAPEUTICS LLC 2051 RINGWOOD AVE.					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street)	SE C.	A	95131											Form filed by More than One Reporting Person				ing
(City)	(S	tate)	(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.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Trans Date (Month/I		Execution Date,		Transaction Dispose Code (Instr. 5)		curities osed Of	rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Beneficia Owned F	es Formally (D) (Sollowing (I) (I		Direct of Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	V Amo	unt	(A) ( (D)	Price	ice Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
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)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		´   c	ode (In	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e s (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)		of S Und Dei	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	у	Ownership Form: I Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Date Exercisable	Expiration Date	n Titl	e	Amount or Number of Shares		(Instr. 4)	(3)					
Stock Option (Right to Buy)	\$4.11	05/25/2023			A		101,276		(1)	05/24/20	33 Co	ass A mmon tock	101,276	\$0.00	101,276	5	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, Attorney-

in-Fact for Andrew

05/30/2023

**Farquharson** 

\*\* 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.