| SEC For | -m 4 | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--------|---|--------|--|---------------------------|---------------------------------------|--------------|---|--------------------------------|---|---------------------------------|---|--|-----------------------------------|--|---------------------------------------|--|
| FORM 4 UNITED S | | | |) STA | TATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | NT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | |
| 1. Name and Address of Reporting Person [*] Hashim Mir (Last) (First) (Middle) C/O RANI THERAPEUTICS LLC 2051 RINGWOOD AVE | | | | | or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Rani Therapeutics Holdings, Inc. [RANI] 3. Date of Earliest Transaction (Month/Day/Year) 03/27/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Che | , | | | | | | |
| (Street) SAN JO | (Street) SAN JOSE CA 95131 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (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 | | | | | | | | | | | | | | o satisfy | | | | | |
| 1. Title of Security (Instr. 3) Date | | | | actio | 1 | | | a, 3. Transa Code (| 4. Securi | | ities Acquired (A) o d Of (D) (Instr. 3, 4 a | | (A) or | 5. Amour | s Forr Illy (D) (ollowing (I) (I | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Class A Common Stock 03/27 | | | | 03/27/ | /202 | 023(1) | | Code | v | Amount 139,0 | (D |) or) A | Price | Transacti (Instr. 3 a | ion(s) | 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) | 3A. Deemed Execution Da if any (Month/Day/) | Co | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Ex Expiration (Month/Da | Date | | of Secu Underly Derivati | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | derivativ Securitie Beneficia Owned Following Reported | e s ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisab | | xpiration | Title | or N | mount r umber f Shares | | Transaction(s) (Instr. 4) | | | | |
| Stock Option (Right to Buy) | \$5.44 | 03/27/2023 | | | A | | 205,800 | | (2) | 0 | 3/26/2033 | Class A Commo Stock | | 05,800 | \$0 | 205,8 | 00 | D | | |

Explanation of Responses:

1. The shares subject to the restricted stock unit grant vest as follows: 1/16th of the RSUs shall vest quarterly over four years from March 27, 2023.

2. The shares subject to the option vest as follows: 1/48th of the shares subject to the option vest monthly over four years from March 27, 2023.

/s/ Josh Seidenfeld, Attorney-in-03/29/2023

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.