SEC Form 4

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| **FORM 4** | | **UNITED STATES SECURITIES AND EXCHANGE COMMISSION** Washington, D.C. 20549  **STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**  Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 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). |

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| 1. Name and Address of Reporting Person\*   |  | | --- | | [South Cone Investments Limited Partnership](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001876412) |  |  |  |  | | --- | --- | --- | | (Last) | (First) | (Middle) |  |  | | --- | | AVENIDA PRESIDENTE RIESCO 5711, | | OFICINA 1603, LAS CONDES |   (Street)   |  |  |  | | --- | --- | --- | | SANTIAGO | F3 | 7550000 |  |  |  |  | | --- | --- | --- | | (City) | (State) | (Zip) | | 2. Issuer Name **and** Ticker or Trading Symbol  [Rani Therapeutics Holdings, Inc.](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001856725) [ RANI ] | 5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)   |  |  |  |  | | --- | --- | --- | --- | |  | Director | X | 10% Owner | |  | Officer (give title below) |  | Other (specify below) | |  | | | | |
| 3. Date of Earliest Transaction (Month/Day/Year) 04/12/2023 |
| 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line)   |  |  | | --- | --- | |  | Form filed by One Reporting Person | | X | Form filed by More than One Reporting Person | |

| **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Code | V | Amount | (A) or (D) | Price |
| Class A Common Stock | 04/12/2023 |  | P |  | 3,577 | A | $5.4753(1) | 6,833,207 | I | Shares indirectly held through South Lake One LLC(2) |
| Class A Common Stock | 04/13/2023 |  | P |  | 890 | A | $5.465 | 6,834,097 | I | Shares indirectly held through South Lake One LLC(2) |

| **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 Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 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 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) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Code | V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |

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| 1. Name and Address of Reporting Person\*   |  | | --- | | [South Cone Investments Limited Partnership](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001876412) |  |  |  |  | | --- | --- | --- | | (Last) | (First) | (Middle) |  |  | | --- | | AVENIDA PRESIDENTE RIESCO 5711, | | OFICINA 1603, LAS CONDES |   (Street)   |  |  |  | | --- | --- | --- | | SANTIAGO | F3 | 7550000 |  |  |  |  | | --- | --- | --- | | (City) | (State) | (Zip) | |
| 1. Name and Address of Reporting Person\*   |  | | --- | | [South Lake One LLC](http://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0001794292) |  |  |  |  | | --- | --- | --- | | (Last) | (First) | (Middle) |  |  | | --- | | AVENIDA PRESIDENTE RIESCO | | 5711 OFICINA1603, LAS CONDES |   (Street)   |  |  |  | | --- | --- | --- | | SANTIAGO | F3 | 7550000 |  |  |  |  | | --- | --- | --- | | (City) | (State) | (Zip) | |

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| **Explanation of Responses:** |
| 1. The reported price in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from $5.405 to $5.59 per share, inclusive. The reporting persons undertake to provide Rani Therapeutics Holdings, Inc., a Delaware corporation (the "Issuer"), any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote (1) to this Form 4. |
| 2. South Cone Investments Limited Partnership directly owns 100% of the issued and outstanding membership interest of South Lake One LLC. |

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|  | /s/ Isidoro Quiroga Cortes and /s/ Luis Felipe Correa Gonzalez, Managers of South Lake One LLC | 04/14/2023 |
|  | /s/ Isidoro Quiroga Cortes and /s/ Luis Felipe Correa Gonzalez, Managers of South Lake Management LLC, as General Partner of South ConeInvestments Limited Partnership | 04/14/2023 |
|  | \*\* 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.** | | |