FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
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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* DEBUONO LAUREEN				Ra	2. Issuer Name and Ticker or Trading Symbol Rani Therapeutics Holdings, Inc. [RANI]] (Ch	Relationship eck all appli X Directo	cable)	g Pers	son(s) to Issu 10% Ow		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023									(give title		Other (spelow)	pecify	
C/O RANI THERAPEUTICS LLC				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
2051 RINGWOOD AVE.												- 1	Line) X Form filed by One Reporting Person					
(Street)					-										iled by Mor		One Report	
SAN JO	SE C.	A	95131			.1 -	40-5	1 / - \	T	- 41 -		: 4:						
(0::.)			/ : \		- Rl	Rule 10b5-1(c) Transaction Indication												
(City)	(S	tate)	(Zip)			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. Transac Date (Month/Da					Execution Date		Date,	, Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		Benefic Owned	es Formally (D) (Sollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Price		ransaction(s) nstr. 3 and 4)		((Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
						Can		_	-	_					1			1
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			ate,	Code (Instr.		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex _I	piration te	Title	Amount or Number of Shares		(Instr. 4)	(0)		
Stock Option (Right to Buy)	\$4.11	05/25/2023			A		101,276		(1)	05/	24/2033	Class A Common Stock	101,276	\$0.00	101,27	76	D	

Explanation of Responses:

1. 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 Laureen DeBuono ** Signature of Reporting Person

05/30/2023 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.