FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor roomans	o: 0.E								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	ion 10.																			
1. Name and Address of Reporting Person* IMRAN MIR A			2. Issuer Name and Ticker or Trading Symbol Rani Therapeutics Holdings, Inc. [RANI]							Relationship of Reporting Person(s) to Issuer (Check all applicable)										
IIIIII	V IVIIIC II													1	Directo	r		10% Ov	vner	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/28/2025								Officer below)	(give title		Other (s below)	specify			
C/O RANI THERAPEUTICS LLC				03/20	5/2023															
2051 RINGWOOD AVE.																				
2031 KINGWOOD AVE.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)														Line) Form filed by One Reporting Person						
SAN JOS	SE C	A	95131											V		led by Mor		orling Person One Repo		
(City)	(9:	tate)	(Zip)												1 010011					
(City)		tate)	(Διρ)																	
		Tab	le I - Non-l	Deriva	tive S	Securi	ties	Acc	quired, D	isp	osed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Date	Execution Date,			3. Transaction Code (Instr. 2) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)						s Form		m: Direct or Indirect	7. Nature of Indirect Beneficial Ownership				
				(Month/Day/Year)			′ °′′ 	8)			_	Reported		,,, , , , , , , , , , , , , , , , , ,			(Instr. 4)			
							Code	′	Amount	(A) or (D) Pr		ce	Transact (Instr. 3 a	ction(s) 3 and 4)						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
									, options											
1. Title of Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year)		Co	ansaction of ode (Instr. Derivative		e s l	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		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)					
				Co	de V	(A)			Date Exercisable		xpiration ate	Title	Amou or Numb of Share	per						
Director Stock Option (Right to Buy)	\$0.62	05/28/2025		F		50,	000		(1)	0	5/27/2035	Class A Common Stock	50,0	00	\$0	50,000)	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 Company's 2021 Equity Incentive Plan).

/s/ Svai Sanford, Attorney-in-Fact for Mir A Imran

05/30/2025

** 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.