FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

OMB APPROVAL

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	OMB Number:	3235-0287
	Estimated average burd	en
- 1		0.5

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 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 Instruction 10 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

Instruc	tion 10.																		
1. Name and Address of Reporting Person* <u>Ausiello Dennis A</u>				2. Issuer Name and Ticker or Trading Symbol Rani Therapeutics Holdings, Inc. [RANI]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O RANI THERAPEUTICS LLC					3. Date of Earliest Transaction (Month/Day/Year) 05/28/2025									 Off		give title		Other (s	specify
2051 RINGWOOD AVE.					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) SAN JOS			95131 (Zip)										Lir	Form filed by One Reporting Person 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. Transa Date (Month/D				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Transaction Disposed Code (Instr. 5)		ties Acquir d Of (D) (Ins	ed (A) or str. 3, 4 an	d Secu Bene Own	Amount of ecurities eneficially wned Following eported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o	r Price	Trans	sactio	tion(s) 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	tte, Code (Instr. Securiti Acquire (A) or Dispose of (D) (I		Derivative (Month/Day/Year) Securities Acquired				7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties ig e Security	Derivativ Security				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				c	ode	v	(A)	(D)	Date Exercisabl										
Director Stock Option (Right to Buy)	\$0.62	05/28/2025			A		50,000		(1)	0	05/27/2035	Class A Common Stock	50,000	\$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 Dennis A. Ausiello

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.