FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours ner 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).

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

Name and Address of Reporting Person* Mahmoud Ramy A						2. Issuer Name and Ticker or Trading Symbol OptiNose, Inc. [OPTN]							5. Relationship of Repo (Check all applicable) X Director				10%	Owner		
(Last)	(Fir ΓΙΝΟSE, IN	,	Middle)		3. Da 01/3		Trans	nsaction (Month/Day/Year)					X	below	,		Other below e Officer	(specify		
1020 ST	ONY HILL	ROAD, SUITE	300		4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ne)					Applicable			
(Street)															X Form filed by One Reporting Person					
YARDLI	EY PA	. 1	9067												Form Perso		ore tha	an One Re	porting	
(City)	(Sta	ate) (Z	Zip)		Rul	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.										ended to									
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	l, Dis	sposed of	, or E	Benefici	ally (Own	ed				
Date		2. Transacti Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			5. Amount of Securities Beneficially Owned Following Reported		Form	: Direct Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)								
									Code	v	Amount	(A) o (D)	Price	Tra	Transaction(s) (Instr. 3 and 4)				(111501.4)	
Common	Stock			01/31/20	124			S		52,875(1)	D	\$1.3	1	548,387		D				
Common Stock														172,422			I	By: The Ramy Mahmoud 2014 Trust for Cynthia Mahmoud		
		Tal	ble II								osed of, o				wne	t				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ation Date, h/Day/Year)	4. Transaction Code (Instr. 8) 5. Numb of Derivativ Securitie Acquirer (A) or Disposer of (D) (Instr. 3, and 5)			mber rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4) Amount of Amount of Amount of Amount of Securities Underlying Derivative Security (Ir 3 and 4)			e and int of rities rlying ative rity (Instr. 4)	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Number of Shares							

Explanation of Responses:

1. Represents the number of shares required to be sold by the reporting person to cover tax withholding obligations in connection with the vesting of restricted share units. This sale is mandated by the issuer's award agreement under its equity incentive plan to require the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction and does not represent a discretionary trade by the reporting person.

Remarks:

/s/ Anthony Krick, Attorneyin-Fact

02/01/2024

** Signature of Reporting Person

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.