FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

rraog.o,	D.O. 200 .0		

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).

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-

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(c). Se	ee Instructio	n 10.																			
Name and Address of Reporting Person*  A poorti Vincent I					2. Issuer Name and Ticker or Trading Symbol TALPHERA, INC. [TLPH]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Angotti Vincent J.												1	Director			10% Ov	vner				
															7	Officer (give title below)			Other (s	pecify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)									— below)			,	70	
C/O TAI	PHERA,	INC.				11/2//2024								CHIEF EXECUTIVE OFFICER							
1850 GATEWAY DRIVE, SUITE 175																					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	TEO	7.4	0	4404											Line)	Form	filed by One	e Repor	tina Perso	on	
SAN MA	MEO (	CA	94	4404												Form filed by More than One Reporting					
						1										Person					
(City)	(	State)	(Z	(ip)																	
			Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or E	Benef	ficiall	y Own	ed				
1. Title of S	Security (I	nstr. 3)			2. Transact						4 and Securities Beneficiall			6. Own		7. Nature of Indirect Beneficial					
					Date (Month/Day	Year)   Execution Date,   Transaction   Disposed Of (D) (Instr. 3, Code (Instr. 5)				cially			(D) or I	or Indirect							
						(Month/Day/Year) 8)				Owned Report		l Following ed	(I) (Inst		Ownership (Instr. 4)						
						Co			Code	v	Amount	(A) or (D) Pric		ice	Transaction(s) (Instr. 3 and 4)						
Common Stock 11/27/20						2024			P		5,000	A	\$(	).7299	299 203,066		066 D				
			Tah	ـــــــــــــــــــــــــــــــــــــ	Derivati	ive Se	curit	tios A	Δcau	ired	Dien	osed of,	or Re	nefic	rially	Owne	4				
			141									convertib					•				
1. Title of	2.	3. Transaction		3A. De		4.	-41	5. Number					7. Title and			Price of	9. Number derivative			11. Nature	
Derivative Security	Conversion or Exercise		Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr.		Derivative		Expiration Date (Month/Day/Year)			Amount of Securities		Se	curity	Securities	Fo	Ownership Form:	of Indirect Beneficial	
(Instr. 3)	3) Price of (Month/Day/Year		i/Day/Year)	8)	8)		Securities Acquired		Underly Derivati				(In	str. 5) Beneficial Owned			irect (D) · Indirect	Ownership (Instr. 4)			
	Security							(A) or Disposed					Security (Inst 3 and 4)		str.		Following Reported	(1)	(I) (Instr. 4)		
						of (D)					"""	J and 4)			Transaction	n(s)					
									(Instr. 3, 4 and 5)								(Instr. 4)				
		1												Amou	unt						
		1												or Numb	ber						
		1				Code V		(A) (D)		Date Exercisable		Expiration Date	Title	of Share	es						
			I	<u>``</u>	L`																

**Explanation of Responses:** 

/s/ Martha Adler, Attorney-in-

<u>12/02/2024</u>

Date

**Fact** 

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.