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 rospones:	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

					UI	Secur	11 30	(11) 01 1116	riivesii	ment C	company Act	01 1940										
Name and Address of Reporting Person*     SIMPSON CAMILLA V						2. Issuer Name <b>and</b> Ticker or Trading Symbol SPRUCE BIOSCIENCES, INC. [ SPRB ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>DIIVII U</u>										X	Directo	or		10% O	vner							
(Last) (First) (Middle) C/O SPRUCE BIOSCIENCES, INC.							3. Date of Earliest Transaction (Month/Day/Year) 04/30/2021									(give title	Other (s below)		specify			
				C 40																		
2001 JUNIPERO SERRA BLVD., SUITE 640							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					_								Lir	,	E 6	1110						
(Street) DALY CITY CA 94014															X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City) (State) (Zip)																						
		Tab	le I - N	Non-Deri	vativ	e Sec	curit	ties A	cquire	ed, D	isposed o	f, or B	eneficia	lly C	wned							
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N				if any	ution /	ed Date, sy/Year)	3. Transaction Code (Instr. 8)					Benefic Owned		es ally Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a		tion(s)			(Instr. 4)			
Common Stock 04/30/20					2021	21			M		14,045	A	\$0.85	).85		14,045		D				
Common Stock 04/30/20				2021	21			S <sup>(1)</sup>		14,045	D	\$16.138	16.1384 <sup>(2)</sup>		0		D					
		-	Table I								posed of, , convertil			/ Ov	vned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares									
Stock Option (Right to	\$0.85	04/30/2021			M			14,045	(3	3)	10/18/2027	Common Stock	16,052	4	\$0.00	2,007	,	D				

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan previously adopted by the Reporting Person.
- 2. Represents a weighted-average sales price per share. These shares were sold in multiple transactions at prices ranging from \$15.64 to \$17.09. The Reporting Person has provided to the issuer, and undertakes to provide to the staff of the Securities and Exchange Commission or any security holder of the issuer, upon request, full information regarding the number of shares sold at each separate price within the range.
- 3. The shares subject to the stock option vest over a four-year period commencing October 19, 2017, with 1/4th of the shares vesting on October 19, 2018 and 1/36th of the remaining shares vesting on a monthly basis.

## Remarks:

/s/ Samir Gharib, Attorney-in-Fact
\*\* Signature of Reporting Person

Date

05/04/2021

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.