FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT	OF CHA	NGES IN	BENEFICIAL	OWNERSHIP

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).

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* Szwarcberg Javier B.				2. Issuer Name and Ticker or Trading Symbol SPRUCE BIOSCIENCES, INC. [SPRB]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)				X	below)	(give title		Other (specification)	pecify		
C/O SPRUCE BIOSCIENCES, INC.				11/20/2025					Cł	nief Exec	utive	e Officer				
611 GATEWAY BOULEVARD, SUITE 740			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)												Form fil	ed by One	Repo	rting Person	
SOUTH FRANCI	· · · · · · · · · · · · · · · · · · ·	A	94080	L								Form fil Person		e than	One Report	ing
				F	Rule	10b5-1	1(c)	Transac	ction Ind	ication						
(City)	(S	tate)	(Zip)		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.											
		Та	ble I - Non-l	Derivati	ve Se	curities	s Ac	quired, D	isposed o	of, or Be	neficially	Owned				
Date		2. Transaction Date (Month/Day/	Execution Date		Code (Instr.				5. Amoun Securities Beneficia Owned Fo	s Ily ollowing	Form	: Direct I Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code V	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	on(s)			11501. 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 Date if any (Month/Day/Yea	Code (ransaction Derivative ode (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	(Instr. 4)				
Employee Stock Option (right to buy)	\$4.59	11/26/2023		A		125,000		11/26/2023	01/02/2032	Common Stock	125,000	\$0.00	125,000) ⁽¹⁾	D	

Explanation of Responses:

1. On January 3, 2022, the Reporting Person was granted a stock option to purchase 250,000 shares of the Issuer's common stock. The shares subject to the stock option shall vest upon the achievement of specified performance goals, subject to the Reporting Person's Continuous Service (as defined in the Issuer's 2020 Equity Incentive Plan). Certain specified performance goals were met, resulting in the vesting of 125,000 shares subject to the stock option.

Remarks:

/s/ Samir M. Gharib, Attorneyin-Fact

11/28/2023

** 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.