FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| OMB Number: | 3235-0287 |
|--------------------------|-----------|
| Estimated average burden | |
| hours per response: | 0.5 |

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 obligations |
| may continue. See Instruction 1(b). |

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

| Name and Address of Reporting Person* Bhatt Nailesh | | | 2. Issuer Name and Ticker or Trading Symbol Sonnet BioTherapeutics Holdings, Inc. [SONN] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|---|---------|----------|---|---|--|---------------------------------|--|--|--|
| (Last) (First) (Middle) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023 | X | Director Officer (give title below) | 10% Owner Other (specify below) | | | |
| 100 OVERLOOK CENTER, SUITE 102 | | , | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indivi | lividual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) PRINCETON. NJ 08540 | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Pe | | | | | |
| | | | Rule 10b5-1(c) Transaction Indication | | | | | | |
| (City) | (State) | (Zip) | Check this box to indicate that a transaction was made pursuant to a contra affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | act, instruction or written plan that is intended to satisfy the | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) 2. Deeme Execution if any (Month/Day | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|--|--------------------------|---|---|---------------|---------|--|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/17/2023 | | P | | 25,000 | A | \$0.232 | 30,733(1) | D | |

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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) | Beneficial Ownership (Instr. 4) | |
|--|---|---|---|---|--|-----|--|--------------------|--|-------------------------------------|---|------------------------------|----------------------------------|---------------------------------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |

Explanation of Responses:

1. Includes unvested RSUs.

/s/ John Harry Cross III, power of 05/18/2023 attorney

** 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.