FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

### 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

| affirmative defense<br>10b5-1(c). See Inst |                          |         |   |           |   |                                       |  |
|--|--------------------------|---------|---|-----------|---|---------------------------------------|--|
| 1. Name and Address LOSH J MICH            | of Reporting Person*     |         | 2. Issuer Name and Ticker or Trading Symbol Amesite Inc. [ AMST ] | (Check    | tionship of Reporting Person<br>all applicable)   | ,                                     |  |
| (Last)                                     | (First) (Middle)         |         | 3. Date of Earliest Transaction (Month/Day/Year) 12/29/2023       | X         | Director Officer (give title below)   | 10% Owner<br>Other (specify<br>below) |  |
| C/O AMESITE II 607 SHELBY ST               | NC.<br>REET, SUITE 700 I | PMB 214 | 4. If Amendment, Date of Original Filed (Month/Day/Year)          | 6. Indivi | idual or Joint/Group Filing (C<br>Form filed by One Report<br>Form filed by More than C | ting Person                           |  |
| (Street)                                   |                          |         |   |           |   |                                       |  |
| DETROIT                                    | MI                       | 48226   |   |           |   |                                       |  |
| (City)                                     | (State)                  | (Zip)   |   |           |   |                                       |  |

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

| 1. Title of Security (Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | Transaction Code (Instr. |   | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and 5) |               |       | 5. Amount of<br>Securities<br>Beneficially Owned<br>Following Reported | Form: Direct (D)<br>or Indirect (I) | Beneficial<br>Ownership |
|---------------------------------|--|---|--------------------------|---|--|---------------|-------|--|-------------------------------------|-------------------------|
|                                 |  |   | Code                     | v | Amount   | (A) or<br>(D) | Price | Transaction(s) (Instr. 3 and 4)  |                                     | (Instr. 4)              |

# Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security (Instr.<br>3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transac<br>Code (Ir<br>8) |   |       |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security (Instr.<br>3 and 4) |                                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)          |
|---|---|--|---|---------------------------------|---|-------|-----|--|--------------------|--|-------------------------------------|---|--|--|---|
|   |   |  |   | Code                            | v | (A)   | (D) | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of Shares |   | Transaction(s)<br>(Instr. 4)   |  |   |
| Restricted Stock<br>Units                           | (1)   | 12/29/2023                                 |   | A                               |   | 6,444 |     | (2)  | (2)                | Common<br>Stock  | 6,444                               | \$0   | 38,369   | I  | By J.<br>Michael<br>Losh<br>Irrevocable<br>Qualified<br>Annuity<br>Trust #7 |

#### **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of AMST common stock and/or the cash equivalent of such share.
- 2. The reported securities were issued as "deferred stock units" in lieu of cash compensation earned for services as a director, and the number of deferred stock units received was calculated based on the closing share price on the last day of the quarter. The deferred stock units or cash equivalent will be issued to the reporting person upon completion of service as a member of the board of directors or, if earlier, a change in control.

/s/ Sherrie Farrell, Attorney-in-<u>Fact</u> 01/03/2024

\*\* 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.