FORM 4

☐ 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 that is

intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person –					2. Issuer Name and Ticker or Trading Symbol							ol	5. Relationship of Reporting Person(s) to Issuer					
					١.	_		DO 1						(Check all app	licable)			
Williamson J	leremy				Arq	Į, li	nc. [A	ARQ J									_	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner					
(Zast) (Tist) (Made)												_X_ Officer (give title below) Other (specify below)						
C/O ARQ, INC., 8051 E. MAPLEWOOD					9/18/2024								Chief Operating Officer					
AVE., SUITE	E 210			, OOD														
(Street)				4. If Amendment, Date Original Filed (MM/DD/YYYY)						6. Individual or Joint/Group Filing (Check Applicable Line)								
GREENWOOD VILLAGE, CO 80111										X_Form filed by One Reporting Person Form filed by More than One Reporting Person								
(C	ity) (Stat	te) (Zip	p)											Form filed by	More than C	ne Reporting P	erson	
										· _				eficially Owne				
1.Title of Security (Instr. 3)			2A. Deemed Execution Date, if any		tion	3. Trans. Coo (Instr. 8)	de 4. Securities Acqu or Disposed of (D) (Instr. 3, 4 and 5)) Fol		Amount of Securities Beneficially Owned sollowing Reported Transaction(s) nstr. 3 and 4)			Ownership Form: of Indire Benefici	7. Nature of Indirect Beneficial Ownership			
							-	Code	V	Amou	(A) or (D)	Pric	ce					(Instr. 4)
Common Stock				9/18/202	4			F		2,029	(<u>1)</u> D	\$6.1	11			115,863	D	
	Tab	le II - Der	ivative	Securit	ies B	enef	ficially	Owned (e	2.g.,]	puts,	calls, wa	rran	ts, o	ptions, conver	tible secu	rities)		
1. Title of Derivate Security (Instr. 3) 2. Conversion of Exercise Price of Derivative Security 2. Conversion of Exercise Price of Derivative Security 3. Trans. Date Execution Date, if any 4. Trans. Date Execution Date, if any		ans. Code r. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			and Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Underlying Security	Derivative Security (Instr. 5)	Securities Beneficially Owned Following	Ownership Form of Derivative (Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Co	ode	V	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amo Shar	ount or Number of res		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	

Explanation of Responses:

(1) Reflects the withholding of shares of the Issuer's common stock to satisfy tax withholding obligations in connection with the vesting of restricted stock awards ("RSAs") on September 18, 2024.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Williamson Jeremy							
C/O ARQ, INC.			CL:-f O				
8051 E. MAPLEWOOD AVE., SUITE 210			Chief Operating Officer				
GREENWOOD VILLAGE, CO 80111							

Signatures

/s/ Jeremy Williamson	9/18/2024
**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 control number.