☐ 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.

OMB APPROVAL

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

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

## 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

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Williamson Jeremy				A	Arq, Inc. [ ARQ ]												
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner  X Officer (give title below) Other (specify below)					
C/O ARQ, INC., 8051 E. MAPLEWOOD AVE., SUITE 210				OOD	8/1/2024							Chief Operat		· —	(1 )	,	
AVE., SUITE	(Stre	et)		4	. If A	Amendmer	nt, Date (	Origin	al Fi	iled (N	MM/DI	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
GREENWOOD VILLAGE, CO 80111				.11									_X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Ci	ity) (Sta	te) (Zi <sub>l</sub>	p)										Form med by	More than C	nie Keporting r	CISOII	
								•	· _	•			neficially Owne				
1. Title of Security (Instr. 3)			. Trans. Dat			3. Trans. C (Instr. 8)	or Di	or Disposed of (D)			Instr. 3 and 4) Form: Beneficia Direct (D) Ownershi			of Indirect Beneficial Ownership			
							Code	v	Ame	ount	(A) or (D)	r Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				8/1/2024			A		21,60	67 <sup>(1)</sup>	A	\$0			117,892	D	
	Tab	le II - Der	ivative S	Securitie	s Bei	neficially	Owned	(e.g.,	puts	, call	s, wa	rrants,	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any					Expiration Date S			and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	(A)	(D)	Date Exercis		Expira Date	tion	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	or Indirect	
Performance Share Units	(2)	8/1/2024		A		21,667	(1)	(2)	).	3/10/20	027 (2)	Commo		\$0	21,667	D	

## **Explanation of Responses:**

- (1) Granted in accordance with the Issuer's long-term incentive plan under the 2024 Omnibus Incentive Plan, as approved by stockholders on June 10, 2024.
- (2) Each Performance Share Unit ("PSU") represents a contingent right to receive one share of the Company's common stock upon vesting of the PSU, which will occur, if at all, no later than March 10, 2027 subject to the reporting person's continuous service with the Company or its related entities and the achievement of certain pre-established goals to be measured as of December 31, 2026.
- (3) Represents the maximum number of PSUs that will vest, if at all, which is 200% of the target award.

## **Reporting Owners**

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

### **Signatures**

**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.