FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Г										
	OMB APPROVAL									
ı	I									
l	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response	: 0.5								

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	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

					1		.,				inpuriy Act c			_						
1. Name and Address of Reporting Person* Netzky Pamela L.						2. Issuer Name and Ticker or Trading Symbol Airsculpt Technologies, Inc. [AIRS]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u> </u>										-	Oire	ctor		10% Ov	vner					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/10/2023										officer (give title elow)		Other (s	specify	
C/O AIRSCULPT TECHNOLOGIES, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
1111 LINCOLN ROAD, SUITE 802					and an analytical for the control of the cont									Line)						
															X Form filed by One Reporting Person					
(Street)																Form filed by More than One Reportin Person			orting	
BEACH	FL	3	3139		Rule 10b5-1(c) Transaction Indication															
(City)	(St	(State) (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.												ended to	
		Table	l - No	n-Deriva	tive Se	ecui	rities	Aco	uired,	Dis	posed of	f, or	Ben	eficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/					Execution I			ate,	3. Transaction Code (Instr. 8) 4. Securition Disposed (5) 5)		ies Acquired (A Of (D) (Instr. 3,		(A) or . 3, 4 and	Benef Owne Follow	icially d ving	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (C	A) or O)	Price		rted action(s) . 3 and 4)				
Common Stock 05/10/20						2023					29,762(1	.)	A	\$0.00	62,099			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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities iired ir osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f C	. Price of perivative security nstr. 5)	ative derivative ity Securities		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	or Nur of	ount mber ures						

${\bf Explanation\ of\ Responses:}$

1. The Reporting Person was granted an award of 29,762 Restricted Stock Units on May 10, 2023 which will vest upon the earlier of (i) the first anniversary of the date of grant or (ii) the day prior to the next annual meeting of stockholders of AirSculpt Technologies, Inc. (the "Company"), subject to the Reporting Person's continued service with the Company.

/s/ Thomas P. Conaghan, Attorney-in-Fact

05/11/2023

** 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.