Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington,   | D.C. | 20549 |
|---------------|------|-------|
| rvasiliigion, | D.C. | 20040 |

| STATEMENT | OF CHANGES | S IN BENEFICIAL | . OWNERSHIP |
|-----------|------------|-----------------|-------------|
|           |            |                 |             |

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

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*  Higgins Kenneth    |  |            |                 |          | 2. Issuer Name and Ticker or Trading Symbol Airsculpt Technologies, Inc. [ AIRS ]             |  |        |   |                       |  |  |   | heck all ap   |   |   | 10% Ov | wner       |         |  |
|--|--|------------|-----------------|----------|---|--|--------|---|-----------------------|--|--|---|---|---|---|--------|------------|---------|--|
|  |  | ECHNOLOGIE |                 | D.       |   | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022    |        |   |                       |  |  |   |   | Offi<br>bel                               | cer (give title<br>ow)                  |        | Other (s   | specify |  |
| 1111 LINCOLN ROAD, SUITE 802                                 |  |            |                 | 4. If A  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                      |  |        |   |                       |  |  | 6. Individual or Joint/Group Filing (Check Applicable             |   |   |   |        |            |         |  |
| (Street) MIAMI BEACH   | FL   | 3          | 3139            |          |   |  |        |   |                       |  | Lin  | X For   | Form filed by One Reporting Person Form filed by More than One Reporting Person |   |   |        |            |         |  |
| (City)   | (St  | ate) (Ž    | <b>Z</b> ip)    |          |   |  |        |   |                       |  |  |   |   |   |   |        |            |         |  |
|  |  | Table      | I - No          | n-Deriva | tive S  | Secu   | rities | Acq   | uired                 | , Dis  | posed of   | , or I  | 3en   | eficia                                    | ally Ow                                 | ned    |            |         |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |            | Execution Date, |          | 3.<br>Transaction<br>Code (Instr. 8)  4. Securities Acquired (A<br>Disposed Of (D) (Instr. 3, |  |        |   | d Secu<br>Bene<br>Own | nount of<br>rities<br>ficially<br>ed Following | Forn<br>(D) o                                      | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                             |   |   |        |            |         |  |
|  |  |            |                 |          |   |  | Code   | v   | Amount                | (A)<br>(D)                                     | (A) or<br>(D) Pri                                  |   | Tran  | eported<br>ansaction(s)<br>estr. 3 and 4) |   |        | (Instr. 4) |         |  |
| Common Stock, \$0.001 Par Value 11/15/2                      |  |            |                 | 11/15/2  | 2022  |  |        | P   |                       | 15,000   | A  | 1   | <b>\$3.0</b> 9  | <b>)</b> (1)                              | 59,337                                  | 9,337  |            |         |  |
|  | 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<br>(Instr. 3)          | ivative Conversion Date Execution Date, Transa<br>urity or Exercise (Month/Day/Year) if any Code (   |            |                 |          |   | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>3 and 4) |                       | g<br>nstr.                                     | 8. Price o<br>Derivative<br>Security<br>(Instr. 5) |   | Ownersh<br>Form:<br>Direct (D<br>or Indirect<br>(I) (Instr.                     | Ownership                                 | Beneficial<br>Ownership<br>t (Instr. 4) |        |            |         |  |
|  |  |            |                 |          | Code  | v  | (A)    | (D)   | Date<br>Exercis       | sable  | Expiration<br>Date                                 | Title   | or  | ount<br>nber<br>ires                      |   |        |            |         |  |

1. This transaction was executed in multiple trades at prices ranging from \$3.07 to \$3.10. The price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

/s/ Thomas P. Conaghan, 11/15/2022 Attorney-in-Fact

\*\* 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.