

ARCADIA BIOSCIENCES, INC.

Reported by **KAWAKAMI MARK**

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 05/12/25 for the Period Ending 05/09/25

Telephone 530-756-7077

CIK 0001469443

Symbol RKDA

SIC Code 1311 - Crude Petroleum and Natural Gas

Industry Food Processing

Sector Consumer Non-Cyclicals

Fiscal Year 12/31



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.

OMB APPROVAL
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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.]	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Kawakami I	Mark			Aı	rcac	dia Bios	science	s, Inc	c. []	RKDA	.]		onedoic)	100		
(Last) (First) (Middle)				3.]	3. Date of Earliest Transaction (MM/DD/YYYY)						Director10% Owner10% Officer (give title below) Other (specify below)					
C/O ARCAI							5/9	9/202	5			Chief Financ	ial Office	r		
INC., 5950 S	(Str		SUITE 2		If Aı	mendmen	t, Date C	Origina	ıl Filo	ed (MM/D	D/YYYY)	6. Individual o	or Joint/G	roup Filing	(Check Appl	icable Line)
DALLAS, TX 75225 (City) (State) (Zip)											X _ Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security					2A. I	Deemed 3	3. Trans. Co	ode 4	4. Seci	ırities Acqı	uired (A) 5.	eficially Owne	ies Beneficia		6. Ownership	7. Nature
(Instr. 3)					Execution Date, if any (Instr. 8)							ollowing Reported 7 nstr. 3 and 4)	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
	Tal	ole II - Dei	ivative Sec	curities	Ben	eficially (Owned (!		/		ptions, 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	4. Trans. Code (Instr. 8)	Derivativ		Securities A) or f (D)		6. Date Exercisable and Expiration Date		7. Title and Securities U Derivative S (Instr. 3 and	Inderlying Security	8. Price of Derivative Security (Instr. 5)	Securities Beneficially Owned		11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	V	V (A) Date Expiration Date Title Amount or Number of Shares	Repo Trans	Following Reported Transaction(s) (Instr. 4)	or Indirect							
Stock Option (Right to Buy)	\$3.88	5/9/2025		A		12,50	00	(1)).	5/9/2035	Common Stock	12,500	\$0	33,987	D	

Explanation of Responses:

(1) The options were granted on 5/9/2025 and the vesting occurs as follows, subject to the Participant's continued service: (1) 25% of the shares vest on the first anniversary of the date of the award and (2) 75% of the shares vest in 36 equal installments, the first installment occurring on the last day of the month in which the initial vesting date occurs.

Reporting Owners

Panarting Overnor Nama / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	<u> </u>	Other				
Kawakami Mark								
C/O ARCADIA BIOSCIENCES, INC.			Chief Financial Officer					
5950 SHERRY LANE, SUITE 215			Ciliei Filianciai Officer					
DALLAS, TX 75225								

Signatures

Mark Kawakami, by Attorney-in-fact, Solaeta Chan 5/12/2025

**Signature of Reporting Person

Date

- * 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.