FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540	
vvasnington,	D.C.	20049	

(Check this box if no longer subject to
5	Section 16. Form 4 or Form 5
C	bligations may continue. See
- 1	naturation 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee mstruction i	·.																		
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Astera Labs, Inc. [ALAB]								(Ct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
LAZAR JACK R					<u> </u>									Direct	tor		10% Ov	wner		
-												_		er (give title		Other (s	specify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									belov	v)		below)		
C/O ASTERA LABS, INC.						10/09/2024														
2901 TA	SMAN DR	IVE SUITE 205	5																	
2901 TASMAN DRIVE, SUITE 205					4. If Amendment, Date of Original Filed (Month/Day/Year)								6	Individual or Joint/Group Filing (Check Applicable						
(Street)					4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)						
SANTA															V Form	filed by On	e Rep	orting Perso	on	
CLARA	CA	A 9	5054												Form	Form filed by More than One Repo				
CLAKA															Pers	on				
(City)	(St	ate) (Z	Zip)																	
		Table	I - Nor	า-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or I	Ben	eficia	ally Own	ed				
1. Title of	Security (Inst	tr. 3)		2. Transact	tion		eemed		3.		4. Securitie					unt of			7. Nature	
				Date (Month/Day	Execution D			Date,	te, Transaction Code (Instr.					3, 4 an	d Securi Benefi				of Indirect Beneficial	
				((Month/Day/Year)		8)				Owned	ed Following (I)		(Instr. 4)	Ownership				
								Code	v	Amount	(A) or (D) Pri		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 10/09/2					2024			S ⁽¹⁾		3,000	I)	\$61.6	59 13	37,000		D			
		Tal	hle II - I	Derivati	ve Se	curit	ies A	7 can	ired [Disp	osed of,	or Re	enef	icial	v Owne	d	,			
		14.									onvertib					u				
1. Title of	2.	3. Transaction				4.		5. Number		6. Date Exercisable and 7. Title and					8. Price of			10.	11. Nature	
		Execution if any			de (Instr. of Derivative Securities							·	Derivative Security	derivative Securities		Ownership Form: Direct (D)	Beneficial Ownership			
(Instr. 3)	nstr. 3) Price of (Month/Day/Ye						8)	rities	Underlying				(Instr. 5)	Beneficiall	у					
	Derivative Security				Acquired Derivative (A) or Security (I							Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)					
	,					Disposed 3 and 4)					Reported Transaction(s) (Instr. 4)		,,,							
					of (D) (Instr. 3, 4															
				ļ	and 5)															
														ount						
												or Nur	nber							
					Code V (A) (D)				Date Exercis	sable	Expiration of Of Expiration of Office			res						
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Explanation of Responses:

1. The sales reported in this Form 4 occurred automatically pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 22, 2024.

Remarks:

/s/ Philip Mazzara, Attorney-

10/11/2024

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.