FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| l | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | |
| l | Estimated average burder | ı | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* KING RICHARD | | | | 2. Issuer Name and Ticker or Trading Symbol SPRUCE BIOSCIENCES, INC. [SPRB] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | | | | | | | | |
|--|--|------------|------------------|---|-----------------|--|--|--------------------|----------|---|------------------------|--------------|-------------------------------|--|--|---|--|---------|-------------|--|
| | | | | <u> </u> | | | | | | | | X Directo | | tor | 10% Owner | | vner | | | |
| (Last) (First) (Middle) | | | 3. Da | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | X | Office belov | er (give title v) | | Other (s | specify | | | |
| 2001 JUNIPERO SERRA BOULEVARD, SUITE 640 | | | 06/3 | 06/30/2021 | | | | | | | | | Chief Executive Officer | | | | | | | |
| (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| DALY C | ITY CA | A 9 | 4014 | | | | | | | | | | | X | Form | filed by One | e Reporti | ng Pers | on | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or E | Benefic | ially | Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day) | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, | | | | 4 and Securi Benefi | | ties cially I Following | 6. Owne Form: D (D) or In (I) (Instr | irect direct . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | | Transa | ction(s) 3 and 4) | tion(s) | | (111341. 4) | |
| Common Stock 06/30/20 | | | | 021 | | | J | V | 2,230(1) | A | \$9.5 | 285 2,230 | | ,230 | 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) | Derivative Security Instr. 3) Date or Exercise Instr. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) 8) | | Transa Code (| Transaction of Code (Instr. Deriv | | rative rities nired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nt | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| nership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | v | (A) | (A) (D) | | sable | Expiration Date | Title | Number of Shares | | | | | | | | | | |

Explanation of Responses:

1. Shares acquired by Mr. King pursuant to the Issuer's 2020 Employee Stock Purchase Plan in a transaction that was exempt under both Rule 16b-3(d) and Rule 16b-3(c).

Remarks:

/s/ Samir Gharib, Attorney-in-Fact

07/06/2021

** 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.