FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner resnonse. | 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

| 1. Name and Address of Reporting Person* Agger Mette Kirstine | | | | | - 3. [| ScPharmaceuticals Inc. [SCPH] Date of Earliest Transaction (Month/Day/Year) | | | | | (Che | eck all applic | able) | Person(s) to Iss 10% Ov Other (s | vner | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|--------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------|----------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) | (F | irst) | (Middle) | | 06 | 06/11/2024 | | | | | | below) | | below) | | |
| C/O SCPHARMACEUTICALS INC 25 BURLINGTON MALL ROAD, SUITE 203 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) | IGTON M | ÍΑ | 01803 | | | | 10-5 | 4 (-) | T | -4: ll | : 4: | | Form fi Person | | han One Repo | ting |
| (City) | (S | tate) | (Zip) | | _ Ri | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | n that is intended | l to | | | |
| | | Tab | le I - Non | ı-Deri | vativ | e Sec | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | ay/Year) Execution | | ecution Date, | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | es For ially (D) Following (I) (| orm: Direct)) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code V | Amount | t (A) or Pric | | Reported Transact (Instr. 3 a | ion(s) | | | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Date, | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 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 | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$4.11 | 06/11/2024 | | | A | | 19,750 | | (1) | 06/11/2034 | Common Stock | 19,750 | \$0.00 | 19,750 | D | |

Explanation of Responses:

1. This stock option vests in full upon the earlier of (i) June 11, 2025, or (ii) the next annual meeting of the Issuer's stockholders.

/s/ John H. Tucker, attorney-infact 06/13/2024

** 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.