FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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

	tion 1(b).	dc. 500		Filed							ies Exchang mpany Act o		f 1934			nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* <u>Aggarwal Anuj</u>				2. Issuer Name and Ticker or Trading Symbol EVERSPIN TECHNOLOGIES INC [ MRAM ]								Check a	tionship of Report all applicable) Director		ng Pe	rson(s) to Is 10% Ov Other (s	wner		
(Last) (First) (Middle) C/O EVERSPIN TECHNOLOGIES, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023								X	Officer (give title below)  Chief Finance			below)	ыреспу ————————————————————————————————————
5670 W. CHANDLER BOULEVARD, SUITE 130					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) CHANDLER AZ 85226												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate) (Z	Zip)		Rul	e 10	)b5-	1(c)	Tran	sac	tion Indi	icatio	on						
						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.													
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially (	Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			Execution Date,		ution Date,		Transaction D		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			ind S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
					Code	v	Amount	(A) (D)	Price	.   1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 08/23/2				2023		S		9,000	D	\$9.9	)1 <sup>(1)</sup>	206,427			D				
		Tal	ble II -								osed of, convertib				wned	t			
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)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		ate	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	Deriv	Price of erivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
		Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares									

## **Explanation of Responses:**

1. The reported price in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$9.90 to \$10.00 per share. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

/s/ Anthony Griff, Attorneyin-Fact for Anuj Aggarwal

08/23/2023

\*\* 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.