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 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).

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 10b5-1(c). See Instruction 10.

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

IIIStruc	1011 10.																		
Name and Address of Reporting Person* Budagov Anastas					2. Issuer Name and Ticker or Trading Symbol QT IMAGING HOLDINGS, INC. [QTIH]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
													_				Other (s	· I	
													-				below)	specify	
(Last)	`	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/21/2025								Chief Financial Officer						
C/O QT IMAGING HOLDINGS, INC.			07/21/2023																
3 HAMILTON LANDING, SUITE 160																			
				4. If									oint/Group Filing (Check Applicable						
(Street)														ine)	F 6	lad b Oaa	D	orting Perso	.
NOVATO) C.	A	94949											1		,		Ū	I
,														Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of 9	Security (Inst	r. 3)	1	2. Transa	ection	Т	2A. Deeme	ed	3.		4. Securi	ties Acquire	ed (A) or	. 5	5. Amour	nt of	6. Ov	vnership	7. Nature
Date				Execution Date, Transaction				n Disposed Of (D) (Instr. 3, 4			and Securities Beneficially			Form: Direct (D) or Indirect		of Indirect Beneficial			
(Month/D				(Month/Day/Year) 8)					0	Owned Following (i)			(Instr. 4)	Ownership					
						Code	v	A	(A) or Dei		1.7	Reported Transaction(s)				(Instr. 4)			
								Code V Amount (A) Oi Pric			Price	(1	(Instr. 3 and 4)						
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
												ble secu							
1. Title of 2. 3. Transaction 3A. Deemed 4						oer	6. Date Exercisable and 7. Title and Amo						9. Number of		10.	11. Nature			
Security or Exercise (Month/Day/Year) if any			ransac				Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial			
			Year) 8						Security	y (Ins	str. 5)	Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)				
	Security						(A) or			iu 4)			Following		(I) (Instr. 4)	(/su. -/ /			
						Disposed of (D) (Instr. 3, 4 and 5)			str.						Reported Transaction(s) (Instr. 4)	on(s)			
				L												(-,			
										Т			Amour	nt					
													or Numbe	r					
				,	ode	v	(A)	(D)	Date Exercisable		Expiration Date	Title	of Shares						
Employe-				+			(**)	(-,		+			3						
Employee Stock												Common							
Option (right to	\$0.665	04/21/2025			Α		50,000		(1)	0	04/21/2035	Stock	50,00	0	\$ <mark>0</mark>	50,000)	D	
buy)																			

Explanation of Responses:

1. One-third of the grant will vest on February 15, 2026, and the remaining two thirds will vest in eight equal quarterly installments on each subsequent May 15, August 15, November 15 and February 15, such that the grant will be fully vested on February 15, 2028, subject to continued service with the Issuer through each vesting date.

/s/ Anastas Budagov

04/23/2025

** 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.