FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

- 1		
	OMB Number:	3235-0287
	Estimated average burden	
- 1	1.	

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

affirmative defense 10b5-1(c). See Ins	e conditions of Rule struction 10.					
1. Name and Addres  Basho Chanda	s of Reporting Perso	on *	2. Issuer Name and Ticker or Trading Symbol Astrana Health, Inc. [ ASTH ]		tionship of Reporting Pers all applicable) Director	on(s) to Issuer
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 09/05/2025	X	Officer (give title below)	Other (specify below)
C/O ASTRANA	HEALTH, INC.				COO and	CFO
1668 S. GARFIE	ELD AVENUE, 2	ND FLOOR	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing Form filed by One Rep	` ' '
(Street)				"		n One Reporting Person
ALHAMBRA	CA	91801				3
(City)	(State)	(Zip)				

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	09/05/2025		F		1,694(1)	D	\$29.7	176,946(2)	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)	2. Conversion or Exercise Price of Derivative Security	 3A. Deemed Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

## Explanation of Responses:

- 1. Represents the surrender of shares to offset against tax withholding obligations associated with certain restricted stock units that vested on September 5, 2025.
- 2. Includes the following shares of unvested restricted stock, which will vest as follows (in each case subject to continuous employment with the Issuer): (i) 7,214 shares, which will vest on April 14, 2026; and (ii) 30,404 shares, which will vest in two equal annual installments on May 16, 2026 and 2027. Also includes the following restricted stock units, which will vest as follows (in each case subject to continuous employment with the Issuer): (i) 23,404 restricted stock units, which will vest in six equal semi-annual installments beginning on October 2, 2025; and (ii) 23,364 restricted stock units, which will vest in seven equal semi-annual installments beginning on March 5, 2026.

/s/ Kathy Diep, as Attorney-in-Fact 09/09/2025

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.