FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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

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

-										,	01 1340						
1. Name and Address of Reporting Person [*] Kelley Susan L.			2. Issuer Name and Ticker or Trading Symbol Dare Bioscience, Inc. [DARE]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Reliey Susail L.</u>					, L _]						X Directo	or		10% O	wner		
(Last)	(F	-irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023						Officer below)	(give title		Other (below)	specify		
3655 NC	BEL DRI	VE			4 If Am	endment, Date	of Origins		(Mor	th/Do	w/Voor)	6.1	ndividual or	loint/Crour	Filing	(Chool: A	anliaghla
SUITE 2	260				4. II AII	ienumeni, Dale		u Filet		iui/Da	ly/rear)	Lin	e)				
,												X Form f	Form filed by One Reporting Person				
(Street)			02122										Form f Persor	iled by Moi າ	re than	One Repo	orting
SAN DI	EGU C	CA	92122				\ _				. ,.						
Rule 10b5-1(c) Transaction Indication																	
(City)	(9	State)	(Zip)														
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.										ed to							
		Tab	le I - Nor	n-Deriv	ative Se	ecurities Ac	quired	, Dis	pose	ed o	f, or Ber	eficia	ly Owned	k			
1. Title of Security (Instr. 3) 2. Transac															7. Nature		
Date (Month/Date			Day/Year)					tr. 3, 4 an	Beneficially (D) or Indirect			Indirect	of Indirect Beneficial				
				(Month/Day/Year) 8)					Owned Following (I) (Instr. 4) Reported			str. 4)	Ownership (Instr. 4)				
						Code	v	Am	ount	(A) or (D)	Price	e Transaction(s) (Instr. 3 and 4)				. ,	
			Table II	Dorivo	tivo Soc	uritice Acc	, uirod I	Dicn		l of	or Popo	ficially	, Ownod			,	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of 2. 3. Transaction 3A. Deemed				4.	5. Number				7. Title and		8. Price of			r of 10.	11. Nature		
Derivative Security				Transaction Code (Instr						Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of Derivative Security (Month/Day/Year)			8)) Securities Under				Underlying	.	(Instr. 5)			Direct (D) or Indirect (I) (Instr. 4)	Ownershi			
					Derivative Sec (Instr. 3 and 4)												
				Disposed				,		Reported		(,, (5(), 4)					
	of (D) (Instr. 3, 4						Transaction((Instr. 4)										
						and 5)											

Amount or Number Date Exercisable Expiration Date of Shares Code v (A) (D) Title Stock Option (right to Commor stock \$<mark>0.96</mark> 06/21/2023 A 40,000 (1) 06/21/2033 40,000 \$<mark>0</mark> 40,000 D buy)

Explanation of Responses:

1. This option will vest in full on the earlier of the first anniversary of the grant date or immediately prior to the issuer's first annual meeting of stockholders occurring after the grant date, subject to the director's continued service as a director, and will become exercisable in full upon a change in control of the issuer.

Remarks:

<u>/s/Lisa Walters-Hoffert,</u> <u>Attorney-in-fact</u>

06/21/2023

** Signature of Reporting Person Date

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

 \ast 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.