FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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OMB APPROVAL 3235-0287 Estimated average burden

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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

Name and Address of Reporting Person* Zhang Xiaogang					2. Issuer Name and Ticker or Trading Symbol Cepton, Inc. [CPTN]									ck all app	nship of Reportin applicable) Director		10% Ov	wner		
(Last)	(Fir	st) (N	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/17/2024								below	er (give title		Other (s below)	specify		
C/O CEPTON, INC 399 W. TRIMBLE RD				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)													1	Form filed by One Reporting Person						
SAN JOS	SE CA	9	5131													Form filed by More than One Reporting Person				
(City)	City) (State) (Zip)					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 intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Noı	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execut ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		Disposed 0	ies Acquired (A Of (D) (Instr. 3,		A) or B, 4 and	5. Amo Securit Benefic Owned Reporte	ies ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or F	Price	Transa	action(s) . 3 and 4)			(instr. 4)		
Common Stock ⁽¹⁾ 06/17/2				2024				A		10,000	A \$		\$ <mark>0</mark>	0 27,692		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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,		Transaction of Code (Instr. Derivative		rative rities pired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (Ir	Price of erivative ecurity nstr. 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	Amo or Num of Share	ber						

Explanation of Responses:

1. The Issuer awarded the Reporting Person 10,000 time-based restricted stock units ("RSUs"), each of which represents a contingent right to receive one share of the Issuer's common stock, that will vest on the first to occur of (i) June 17, 2025, or (ii) on the day immediately preceding the Issuer's first annual meeting of stockholders to occur after June 17, 2024.

The securities reported on this Form 4 have been adjusted to reflect the 1-for-10 reverse stock split of the Issuer's common stock effected on September 21, 2023.

/s/ Xiaogang Zhang

06/17/2024

** 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.