FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	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

							, .				iipaiiy Act C											
1. Name and Address of Reporting Person* Rhone Neville L. Jr.					2. Issuer Name and Ticker or Trading Symbol STRATUS PROPERTIES INC [STRS]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
					<u> </u>									_	X	Direc	tor		10% O	wner		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023										Office below	er (give title		Other (s	specify		
212 LAVACA STREET					Δ If Δr	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
SUITE 300				4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)									
,	1										X Form filed by One Reporting Person											
(Street) AUSTIN TX 78701															Form filed by More than One Reporting Person							
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									heck 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	- No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, oı	r Ber	nefici	ally (Own	ed					
1. Title of		ion 2A. Deemed					4. Securiti	ies A	cquire	d (A) or	(A) or 5. Amount of					7. Nature						
		•		Date (Month/Day				•	Code (Instr. 5)		Of (D) (Instr. 3, 4			Benefi		cially	(D) d	or	of Indirect Beneficial Ownership			
					(Mon		nth/Day/Year)		8)					Fo		Owned Following Reported			(Instr. 4)			
									Code	v	Amount	(A) or (D) Prid		Price	_e Trans		saction(s) : 3 and 4)					
Common	Stock ⁽¹⁾			05/11/2	2023				A ⁽²⁾		1,918		Α	\$0.0).00		5,797		D			
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		Tab		Derivativ (e.g., pu												wne	u					
1. Title of	emed	4.		5.		6. Date Exercisable and			7. 1	Title an	ıd	8. Price of		of 9. Number o		10.	11. Nature					
Derivative	Conversion	Date	Execution Date,		Transac				Expiration Date (Month/Day/Year)			Amount of Securities			Derivative Security		derivative Securities		Ownership Form:	of Indirect		
Security or Exercise (Month/Day/Year) if any (Instr. 3) Price of (Month/Day/Year) (Month/Day/Year)				n/Day/Year)	Code (Instr. 8)		of Derivative Securities Acquired		(WONTH/L	Jayıtı	ear)		derlyin		Secur (Instr.				Direct (D)	Beneficial Ownership		
	Derivative								Derivative					e	` ′		Owned Following		or Indirect	(Instr. 4)		
	Security							r	Security (Instr. 3 an			nd 4)		Reported		- 1	(I) (Instr. 4)					
								osed)								Transaction(s)						
								r. 3, 4									(111511. 4)					
							and 5)															
														nount								
													or Nu	mber								
			Code V		(A) (B)				Expiration Date	Tiel	of Sh	f Shares										
					Coue	Code V (A) (D)		Exercisable D		Date	Title Sh		uics									

Explanation of Responses:

- 1. Amount beneficially owned following the reported transaction includes 4,847 Common Stock Restricted Stock Units ("RSUs").
- 2. Represents a grant of RSUs.

Remarks:

Kelly Simoneaux on behalf of
Neville L. Rhone, Jr. pursuant 05/12/2022
to a power of attorney

** 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.