SEC For	m 4																		
FORM 4 UNITED STA				ATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												OMB APPROVAL			
Check this box if no longer subject to STATEME Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
	tion 1(b).	ed pur or	suant Secti	to Sectior on 30(h) d	n 16(a of the	a) of the S Investme	ecuri nt Co	ities Exchan	934										
1. Name and Address of Reporting Person [*] Levin Andrew David								ker or Tra tics, In		Symbol ELYM]	(Ch	Relationship o leck all applio	cable)	10% Owner					
(Last) (First) (Middle) C/O ELIEM THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/26/2024										Officer (give title Other (specific below) below) Executive Chairman			specify	
(Street) WILMINGTON DE 19808					_ 4.1	Line)										Joint/Group Filing (Check Applicable iled by One Reporting Person iled by More than One Reporting			
(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										d to									
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) Date (Month/E					ear) i	Execution if any	Deemed ecution Date, any onth/Day/Year)		Transaction Dispose Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F Reported	es ally following	Form (D) o	vnership I: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	^r Price	Trancactio				(Instr. 4)		
		-	Table II - I								oosed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) Jate (Month/Day/Year) (Month/Day (Month/Day		Date, Transactio Code (Inst					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 Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right To Buy)	\$7.89	06/26/2024			Α		10,000		(1)		06/25/2034	Common Stock	10,000	\$0	10,00	0	D ⁽²⁾		

Explanation of Responses:

1. The shares subject to the option will vest on the earlier of June 26, 2025 or the day immediately prior to the next annual meeting of stockholders, subject to the Reporting Person's continuous service through such date.

2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the stock option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund II"), and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received upon exercise of the stock option, which will offset advisory fees owed by the Fund, the Nexus Fund II, and the Account to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the stock option and underlying Common Stock.

/s/ William Cowles, Attorney-	06/20/2020			
in-Fact	06/28/2024			

** 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.