**BOSTON** 

MA

02116

FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average bu	rden							
	hours per response.	0.5							

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnotes<sup>(2)(3)</sup>

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					(	or Sec	tion 30(h	) of th	ne Inve	estment	Com	npany Ac	t of 194	0							
		of Reporting Person MANAGEME	E <u>NT, L.P.</u>				r Name <b>a</b> Thera										ationship call app Direc		_	rson(s) to Is	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/26/2024												Officer (give title pelow)		Other below	(specify	
200 BER	KELEY S	TREET, 18TH F	LOOR		4.	. If Am	endment,	, Date	e of Or	riginal Fi	led (	(Month/D	ay/Year	)		. Indiv	vidual o	Joint/Group	Filir	ng (Check A	oplicable
(Street) BOSTON MA 02116														v		m filed by One Reporting Pers m filed by More than One Rep son					
(City)	(	State)	(Zip)		_ F	Rule	10b5	-1(c	) Tr	ansa	ctio	on Inc	dicati	on							
		·					ck this bo affirmative									ntract,	instruction	on or written p	lan th	nat is intended	d to satisfy
			ıble I - Noı	1					<del>-</del>		)isp					Ť	_			-	
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				2A. Deemed Execution Date if any (Month/Day/Ye		te,	Code (Inst			rities Acquired (A) e ed Of (D) (Instr. 3, 4				5. Amo Securi Benefi Owned Report	ties F cially (I Following (I		. Ownership orm: Direct O) or Indirect ) (Instr. 4)	7. Nature Indirect Benefici Ownersi			
										Code	V	Amoun	t	(A) or (D)	Pric	е	Transa	ction(s) 3 and 4)			(Instr. 4)
			Table II -				urities Is, war										wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code ( 8)	action	5. Number		6. Date Exerc Expiration Da (Month/Day/Y		cisable and		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		mount	8. F Der Sec	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	·   (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu Indirect Benefici Ownersi (Instr. 4)
					Code	v	(A)	(D)	Date Exer	) rcisable	Ex <sub>I</sub>	piration te	Title	O N O	umber						
Stock Option (Right to Buy)	\$7.89	06/26/2024			A		10,000			(1)	06/	/25/2034	Comm		0,000		\$0	10,000		I	See Footnote
		of Reporting Person				•															,
(Last) 200 BER	RKELEY S	(First) TREET, 18TH F	(Middl	e)																	
(Street)	N	MA	02110	6																	
(City)		(State)	(Zip)																		
		of Reporting Person																			
(Last) 200 BER	RKELEY S	(First) TREET, 18TH F	(Middl	e)																	
(Street)	N	MA	02110	6																	
(City)		(State)	(Zip)																		
		of Reporting Person xus Fund, L.P.																			
(Last) 200 BER	RKELEY S	(First) TREET, 18TH F	(Middl	e)																	
(011)																					

(City)	(State)	(Zip)								
1. Name and Address of Reporting Person*  RA Capital Nexus Fund II, L.P.										
(Last)	(First)	(Middle)								
200 BERKELEY STREET, 18TH FLOOR										
(Street)										
BOSTON	MA	02116								
(City)	(State)	(Zip)								
ı	1. Name and Address of Reporting Person* <u>Kolchinsky Peter</u>									
(Last)	(First)	(Middle)								
C/O RA CAPITA	L MANAGEM	ENT, L.P.								
200 BERKELEY	STREET, 18TI	H FLOOR								
(Street)										
BOSTON	MA	02116	_							
(City)	(State)	(Zip)								
1. Name and Address Shah Rajeev N		son <sup>*</sup>								
(Last)	(First)	(Middle)								
C/O RA CAPITAL MANAGEMENT, L.P.										
200 BERKELEY	200 BERKELEY STREET, 18TH FLOOR									
(Street)										
BOSTON	MA	02116								
(City)	(State)	(Zip)								

## **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 Dr. Andrew Levin's continuous service through such date.
- 2. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund, L.P. (the "Ne
- 3. Dr. Andrew Levin is a Partner and Managing Director of the Adviser who serves on the Issuer's board of directors. Under Dr. Levin's arrangement with the Adviser, Dr. Levin holds the option for the benefit of the Fund, the Nexus Fund, the Nexus Fund II, and the Account. Dr. Levin is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund, the Nexus Fund II, and the Account to the Adviser. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock.

## Remarks

Dr. Andrew Levin, a Partner and Managing Director of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager 06/28/2024 of RA Capital Management, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC, the General Partner of 06/28/2024 RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund GP, 06/28/2024 LLC, the General Partner of RA Capital Nexus Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund II GP, LLC, the General Partner of RA Capital Nexus Fund II, L.P. /s/ Peter Kolchinsky, 06/28/2024 individually 06/28/2024 /s/ Rajeev Shah, individually \*\* 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.