(City)

(State)

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20540
vvasiliigton,	D.C.	20049

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Instruc	tion 1(b).			File				a) of the Secu			934		liours	per resp	Jonse.	0.5
		f Reporting Person*			2. Issu	er Name an	d Tick	ker or Trading	Symbol			lationship of		g Perso	n(s) to Issu	er
<u>Venroc</u>	k Healtho	care Capital P	artners III,	<u>L.P.</u>	3. Date	of Earliest		saction (Month		ALV J		Director Officer (X	Other (
(Last) C/O VE		First)	(Middle)		02/20 4 If An)ate d	of Original File	d (Month/Da	v/Year)	6 Inc	below) lividual or Jo	int/Group	Filing (below)	licable Line)
7 BRYA	NT PARK,	23RD FLOOR			7. 11 7 41	nonamont, E	outo c	or original rine	a (Month) Ba	y, rour,)	Form file	ed by One	Report	ting Persor	
(Street) NEW Y	ORK N	NY	10018		Rule	10b5-1	l(c)	Transac	tion Indi	cation					· ·	
(City)	(;	State)	(Zip)		Ch aff	eck this box tirmative defer	to indi	cate that a trans	action was m 10b5-1(c). S	ade pursuan ee Instructio	t to a contract, n 10.	instruction or	written pla	n that is	intended to	satisfy the
		7	Table I - Non	-Deriv	ative \$	Securitie	s Ad	cquired, D	sposed o	of, or Be	neficially	Owned				
1. Title of	Security (Ins	tr. 3)	- 1	2. Transa Date (Month/D			Date	Code (Ins	n Dispose	ities Acquir d Of (D) (Ins	ed (A) or str. 3, 4 and 5)	5. Amount Securities Beneficial	ly	Form: (D) or	Direct Indirect	7. Nature of Indirect Beneficial
						(Month/Da	ау/ теа	Code V	Amount	(A) c	Price	Owned Fo Reported Transactio (Instr. 3 an	on(s)	(I) (Ins	etr. 4)	Ownership (Instr. 4)
			Table II - E					uired, Dis s, options,				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 Date, if any (Month/Day/Yea	4. Trans	saction e (Instr.	5. Number Derivative Securities Acquired (Disposed ((D) (Instr. 3 and 5)	of A) or	6. Date Exerc Expiration D (Month/Day/	cisable and	7. Title an	d Amount of Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte	ve es ially ng	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownershi t (Instr. 4)
				Code	, v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Pre- Funded Warrants (Right to Buy)	\$0.001	02/20/2024		P		655,738 ⁽¹⁾		(2)	(2)	Common Stock	655,738(1)	\$15.249	655,7	38 ⁽¹⁾	I	By Funds ⁽³⁾
ı		f Reporting Person* care Capital P	artners III,	L.P.												
(Last) C/O VEI 7 BRYA		(First) 23RD FLOOR	(Middle)													
(Street) NEW Y	ORK	NY	10018			,										
(City)		(State)	(Zip)													
1. Name at Koh Bo		f Reporting Person [*]														
(Last)	NROCK	(First)	(Middle)													
7 BRYA	NT PARK,	23RD FLOOR														
(Street) NEW YO	ORK	NY	10018													
(City)		(State)	(Zip)													
		f Reporting Person* stment Holdin														
(Last) C/O VEI		(First) 23RD FLOOR	(Middle)													
(Street) NEW Y		NY	10018			,										

VHCP Manage	,	<u>4</u>
(Last) C/O VENROCK	(First)	(Middle)
7 BRYANT PARK	K, 23RD FLOOR	
(Street) NEW YORK	NY	10018
(City)	(State)	(Zip)
1. Name and Address VHCP Manage		
(Last) C/O VENROCK	(First)	(Middle)
7 BRYANT PARK	K, 23RD FLOOR	
(Street) NEW YORK	NY	10018
(City)	(State)	(Zip)
1. Name and Address	of Reporting Person	*
Venrock Healt	hcare Capital I	Partners EG, L.P.
(Last)	hcare Capital I	(Middle)
	(First)	·
(Last) C/O VENROCK	(First)	·
(Last) C/O VENROCK 7 BRYANT PARE (Street)	(First) K, 23RD FLOOR	(Middle)
(Last) C/O VENROCK 7 BRYANT PARE (Street) NEW YORK (City)	(First) K, 23RD FLOOR NY (State) of Reporting Person	(Middle) 10018 (Zip)
(Last) C/O VENROCK 7 BRYANT PARE (Street) NEW YORK (City) 1. Name and Address Shah Nimish F	(First) K, 23RD FLOOR NY (State) of Reporting Person	(Middle) 10018 (Zip)
(Last) C/O VENROCK 7 BRYANT PARE (Street) NEW YORK (City) 1. Name and Address Shah Nimish F	(First) (State) (First)	(Middle) 10018 (Zip)
(Last) C/O VENROCK 7 BRYANT PARE (Street) NEW YORK (City) 1. Name and Address Shah Nimish F (Last) C/O VENROCK	(First) (State) (First)	(Middle) 10018 (Zip)

Explanation of Responses:

- 1. Consists of (i) 172,394 securities held by Venrock Healthcare Capital Partners III, L.P. ("VHCP3"); (ii) 17,246 securities held by VHCP Co-Investment Holdings III,LLC ("VHCP Co-3"); and (iii) 466,098 securities held by Venrock Healthcare Capital Partners EG, L.P. ("VHCP EG").
- 2. The Pre-Funded Warrants have no expiration date and are exercisable at any time after the date of issuance. A holder of Pre-Funded Warrants may not exercise the Pre-Funded Warrant if the holder, together with its affiliates, would beneficially own more than 9.99% of the number of shares of common stock outstanding immediately after giving effect to such exercise.
- 3. VHCP Management III, LLC ("VHCPM3") is the general partner of VHCP3 and the manager of VHCP Co-3 and may be deemed to beneficially own these securities. VHCP Management EG, LLC ("VHCPMEG") is the general partner of VHCPEG and may be deemed to beneficially own these securities. Bong Koh and Nimish Shah are the voting members of VHCPM3 and VHCPMEG and may be deemed to beneficially own these securities. Each of VHCPM3, VHCPMEG and Messrs. Koh and Shah expressly disclaims beneficial ownership over these securities except to the extent of its or his indirect pecuniary interest therein.

VHCP Co-Investment Holdings III, LLC, By: VHCP Management III, LLC, Its: 02/22/2024 Manager, By: /s/ Sherman G. Souther, Authorized Signatory VHCP Management EG, LLC, By: /s/ Sherman G. Souther, 02/22/2024 **Authorized Signatory** Venrock Healthcare Capital Partners EG, L.P., By: VHCP Management EG, LLC, Its: 02/22/2024 General Partner, By: /s/ Sherman G. Souther, Authorized <u>Signatory</u> Venrock Healthcare Capital Partners III, L.P., By: VHCP Management III, LLC, Its: General Partner, By: /s/ Sherman 02/22/2024 G. Souther, Authorized <u>Signatory</u> VHCP Management III, LLC, 02/22/2024 By: /s/ Sherman G. Souther,

<u>Authorized Signatory</u>

Bong Koh, By: /s/ Sherman G. Souther, Attorney-in-fact

Nimish Shah, By: /s/ Sherman

02/22/2024 G. Souther, Attorney-in-fact ** Signature of Reporting Person

Date

02/22/2024

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

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.

 $^{^{\}star}$ 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).