SEC Form 4 FORM 4		STATES	SECURITIES	5 ANI	ים ר	CHANC		MMIC	SION					
FORM 4	UNITED	SIAILS	Washing		OMB APPROVAL									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pursua	E CHANGES nt to Section 16(a) ction 30(h) of the In	Estin	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5										
1. Name and Address of Reporting Person <sup>*</sup> GORDON CARL L			er Name <b>and</b> Ticke nate Biopharn					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First)	(Middle)		e of Earliest Transa /2023	ction (M	onth/D	ay/Year)		Officer (give title below)		(specify				
103 MONTGOMERY STREET, SUITE 150 THE PRESIDIO OF SAN FRANCISCO (Street)		4. If Ar	nendment, Date of	Original	Filed (	(Month/Day/Ye	6. Indi Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting						
SAN FRANCISCO CA	94129	Rule	Person   Rule 10b5-1(c) Transaction Indication											
(City) (State)	(Zip)		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.											
Т	able I - Non-	-Derivative S	ecurities Acq	uired,	Disp	osed of, c	or Ben	eficially	Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)			

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (Ir 8)				6. Date Exerc Expiration Da (Month/Day/)	ate	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$3.48	06/12/2023		Α		25,000		(1)	06/12/2033	Common Stock	25,000	\$0.00	25,000	D <sup>(2)</sup>	

## Explanation of Responses:

1. 1/12th of the shares underlying the Option vest and become exercisable on a monthly basis starting July 12, 2023 (the Vest Base Date) and thereafter on the same day of the month as the Vest Base Date or if earlier, the day immediately before the date of the next Annual Meeting of Stockholders that occurs after the Vest Base Date.

2. Pursuant to an agreement with OrbiMed Advisors LLC, OrbiMed Capital GP VII LLC, and OrbiMed Capital GP VIII LLC, the Reporting Person is obligated to transfer any securities issued under any such stock options or other awards, or the economic benefit thereof, to OrbiMed Advisors LLC, OrbiMed Capital GP VII LLC, and OrbiMed Capital GP VIII LLC, which will in turn ensure that such securities or economic benefits are provided to OrbiMed Private Investments VII, LP and OrbiMed Private Investments VIII, LP.

## **Remarks:**

/s/ Mark A. Meltz, as attorney-06/13/2022

<u>in-fact</u>

\*\* 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.