FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* MITCHELL DEAN J						2. Issuer Name and Ticker or Trading Symbol Kinnate Biopharma Inc. [KNTE]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WITCHELL DEAN J													Director		10% Ow	mer		
(Last)	ast) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/03/2024							Officer (below)	give title		Other (s below)	pecify		
800 WEST EL CAMINO REAL SUITE 180				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) MOUNTAIN				-								_	•		rting Person One Report	- 1		
VIEW CA		Α	94040		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.													
		Та	ble I - Non-De	rivati	ve Se	cur	ities Ac	quired, D	isposed o	of, or Be	neficially	Owned						
Date				ransaction htth/Day/		2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 an		Beneficia Owned Fo	lly ollowing	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) o (D)	Price	Reported Transacti (Instr. 3 a	tion(s)			(Instr. 4)		
			Table II - Der					uired, Dis s, options				Owned						
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. Transaction Code (Instr. 8)				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 derivative Securities Beneficial Owned Following Reported	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)					
Stock Option (right to buy)	\$5.63	04/03/2024		D			121,503	(1)	08/18/2030	Common Stock	121,503	(1)	0		D			
Stock Option (right to buy)	\$24.46	04/03/2024		D			20,250	(1)	06/11/2031	Common Stock	20,250	(1)	0		D			
Stock Option (right to buy)	\$8.38	04/03/2024		D			20,250	(1)	06/13/2032	Common Stock	20,250	(1)	0		D			
Stock Option	\$3.48	04/03/2024		D			25,000	(1)	06/12/2033	Common	25,000	(1)	0		D			

Explanation of Responses:

1. This option was cancelled pursuant to that certain Agreement and Plan of Merger, dated February 16, 2024, by and between the Issuer, XOMA Corporation and XRA 1 Corp. (the "Merger Agreement") in exchange for one non-transferable contingent value right ("CVR") for each share underlying such out-of-the-money option. However, please note that such CVRs will provide payment only after the amounts payable under such CVRs exceed a threshold equal to the excess of the per share exercise price of such out-of-the-money option over the Cash Amount.

/s/ James P. Reilly, Attorney-in-04/05/2024 Fact

** 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.