FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|-----------|

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

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* Meltz Mark A | | | | | 2. Issuer Name and Ticker or Trading Symbol Kinnate Biopharma Inc. [KNTE] | | | | | | Check | all app Direc | ionship of Reportir all applicable) Director Officer (give title | | rson(s) to Is 10% Ov Other (s | wner | | | |
|--|---|--|---------------|------------------------------|---|---|------------------|--|------------|--|--------------------|---|---|---|---------------------------------|--|---------------------------------------|--------------|----|
| (Last) 800 WES | | st) (MINO REAL | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2024 | | | | | | | X | below | | | below) COUNSEI | ` | | |
| (Street) MOUNT VIEW | | Δ 9 | 94040 | | 4. If A | mendi | ment, I | Date o | f Origina | l Filed | d (Month/Da | y/Year) | | . Indivine) | Form | · Joint/Grou filed by On filed by Mo | e Rep | orting Perso | on |
| (City) | (St | ate) (Z | 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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | nded to | | | | | | |
| | | Table | I - Noi | n-Deriva | tive S | Secur | ities | Acq | uired, | Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Dat | | Date, | 3. Transaction Code (Instr. 8) | | | | | | 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) (D) | or Price | • | Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Common | mon Stock 03/01/ | | | 03/01/ | 2024 | | F ⁽¹⁾ | | 558 | D \$2 | | 59 27,578 ⁽²⁾ | | | D | | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | med on Date, Day/Year) | | saction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec | . Price of Perivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | | | | | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The shares were forfeited to cover a tax obligation resulting form the quarterly vesting of restricted stock units ("RSUs") granted to the Reporting Person by the Issuer.
- 2. Includes 15,625 shares represented by restricted stock units ("RSUs"). Each RSU represents the Reporting Person's right to receive one share of Common Stock of the Issuer. A portion of the RSUs vest each quarter, subject to the Reporting Person's continued service as of each vesting date.

/s/ Mark A. Meltz

03/05/2024

** 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.