## FORM 4

JNITED STATES SECURITIES AND EXCHANGE COMMISSION
Mashington D.C. 20540

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							

0.5

hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
an Coation 20(h) of the Investment Company Act of 1040

			or Se	ction 30(n) of the In	vestment Con	1pany Act of 1940				
1. Name and Address of Reporting Person <sup>*</sup> <u>Williams Richard Thomas</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Kinnate Biopharma Inc.</u> [KNTE]				ationship of Reporting all applicable) Director	10% (	Dwner	
(Last) 103 MONTGO	(First)	(Middle) EET, SUITE 150	12/0	te of Earliest Transa 1/2023	action (Month/	Day/Year)	X	Officer (give title below) Chief Med	below bical Officer	(specify )
THE PRESID	IO OF SAN F	RANCISCO	4. If A	mendment, Date of	Original Filed	(Month/Day/Year)	Line)	vidual or Joint/Grou		
(Street)								Form filed by On	e Reporting Per	son
(Street) SAN FRANCISCO	СА	94129						Form filed by Mo Person	re than One Re	porting
			Rul	e 10b5-1(c)	Transact	ion Indication				
(City)	(State)	(Zip)				action was made pursuant t ns of Rule 10b5-1(c). See I			en plan that is int	ended to
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1. Title of Securit	ty (Instr. 3)		2. Transaction	2A. Deemed	3. Transaction	4. Securities Acquired (/		5. Amount of	6. Ownership	7. Nature

(		if any (Month/Day/Year)	Code (I		Disposed Of (D) (Instr. 3, 4 and 5)		,		Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150. 4)
ommon Stock	12/01/2023		<b>F</b> <sup>(1)</sup>		541	D	\$2.25	68,146 <sup>(2)</sup>	D	

 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. Transa Code ( 8)		of	ired r osed ) r. 3, 4	Expiration Date (Month/Day/Year) s		iration Date Amount nth/Day/Year) Securiti Underly Derivati Security		piration Date Amount of De onth/Day/Year) Securities Securities		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						

Explanation of Responses:

1. The shares were forfeited to cover a tax obligation resulting form the quarterly vesting of RSU's granted to the Reporting Person by the Issuer.

2. Includes 17,188 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.

## Remarks:

/s/ Mark A. Meltz,	as attorney-	12/05/2022
in-fact		12/03/2023

\*\* 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.

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