(Street) BOSTON

MA

02116

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden esponse: 0.5

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

See footnotes(1)(3)

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

	ction 1(b).	nue. See		Filed								ies Excha			f 1934			L	ours per r	espons	e: 	0.5	
					1		• •					mpany Ac	t of 19	940									
		Reporting Person		ı D								Symbol ANTX				Relation heck all			orting Pe	erson(s) to Iss	uer	
RA CA	<u>APITAL N</u>	<u>MANAGEME</u>	<u> </u>	<u>L.P.</u>	11112	111	<u>crap</u> ,	<u> </u>	105,	<u> </u>	L ²	MITA J				[Direct	or	2	X 10)% Ow	ner	
(Last)	(Fi	rst) ((Middle))	Date of Earliest Transaction (Month/Day/Year)												Office below	r (give	title		ther (spelow)	pecify	
l ' '	,	TREET, 18TH F	,	,	06/21/	202	2											,			,		
					4 If Am	ond	mont F)ata	of Ori	ginal	Eilo	d (Month/[Day/V	oar)	- 6	Individu	ıal or	loint/C	Group Fili	ng (Ch	ook An	nlicable	
(Street)					4. 11 A11	lenui	ment, L	Jale	OI OII	giriai	riie	u (WOTHITI/L	Jay/ t	ear)		ne)			·	•			
BOSTO	N M	Α (02116																		7. Nature of Indirect Beneficial Ownership (Instr. 4) See footnotes(1)(1)		
																	Perso		WOO U	un One	, геро	· till g	
(City)	(St	ate) ((Zip)																				
		Table	e I - No	on-Deriva	itive Se	cui	rities	Ac	quir	ed, [Dis	posed (of, o	r B	Benefici	ally O	wne	ed					
		2. Transaction Date		2A. Deeme Execution			3. Transa	3. Transaction		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar							6. Owner Form: Di						
				Month/Day/Ye	ar) if an	у	h/Day/Year)		Code (Instr. 8)		5)		(5) (o, 4 unu	Beneficially Owned Folk Reported Transaction			(D) or Indirect (I		Benefi	neficial nership	
									Code	v	Amount ((A) c	(A) or Price				-	(Instr. 4)				
			_					+	Code	<u> </u>	^"	ilouiit	(D)		riice	(Instr.	3 and	14)		\dashv			
Common	Stock			06/21/202	2				P			302	A		\$7.99 ⁽²⁾	3,74	18,38	39(1)	I		1		
																					10011	lotes	
		Та	ble II	- Derivati (e.g., pu													nec	t					
1. Title of	2.	3. Transaction	3A D	eemed	4.	3, 1	5. Nur					isable and	_		e and	8. Price	o of	9 Nun	nber of	10.		11. Natu	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)		cution Date,	Transaction Code (Instr.		n of		Exp	xpiration [Month/Day		Date		mou	nt of ities	Derivative Security	deriva	tive	Owne Form:		of Indire		
(Instr. 3)	, ,	(Mont	Month/Day/Year)	8)		Securitie Acquire		s `			,			lying ative	(Instr. 5)	Benefi		Direct or Ind		Owners (Instr. 4			
	Security						(A) or Dispose		d				Se	ecuri and	ity (Instr. 4)		Follow Report	ted	(I) (Ins	str. 4)			
							of (D) (Instr.		١									Iransa (Instr.	action(s) 4)				
							and 5		+				+		Amount								
															or Number								
					Code V	,	(A)	(D)	Dat Exe	e rcisat	ole	Expiration Date		tle	of Shares								
1 Name a	nd Address of	Reporting Person	*			1						l				I							
1		MANAGEME		<u>L.P.</u>																			
(Last)		(First)	(N	Middle)																			
200 BEF	RKELEY S	TREET, 18TH F	LOOF	R																			
(Street)	N	MA	02	2116																			
(City)		(State)	(Z	Zip)																			
1. Name a	nd Address of	f Reporting Person	*																				
RA Ca	<u>pital Hea</u>	lthcare Fund	<u>LP</u>																				
(Last)		(First)		Middle)																			
200 BEF	RKELEY S	TREET, 18TH F	LOOF	R																			
(Street)																							
BOSTO	N	MA	02	2116																			
,																							
(City)		(State)	(Z	Zip)																			
1. Name a	nd Address of	f Reporting Person	*			1																	
RA Ca	<u>pital Nex</u>	<u>us Fund II, L</u>	<u>.P.</u>																				
																							
(Last)		(First) FREET, 18TH F		Middle)																			
L ZUU BEF	MELEY 5.	1 NEE 1, 18 I H F	LOUP	IX.		1																	

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(City)	(State)	(Zip)							
1. Name and Add	Iress of Reporting Per	rson*							
Kolchinsky	<u>Peter</u>								
(Last)	(First)	(Middle)							
C/O RA CAPITAL MANAGEMENT, L.P.									
200 BERKEL	EY STREET, 18T	H FLOOR							
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
1. Name and Add	Iress of Reporting Per	rson*							
Shah Rajee	<u>v M.</u>								
(Last)	(First)	(Middle)							
C/O RA CAP	ITAL MANAGEN	IENT, L.P.							
	EY STREET, 18T								
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. These securities include 3,332,777 shares held directly by RA Capital Healthcare Fund, L.P. (the "Fund") and 415,612 shares held by RA Capital Nexus Fund II, L.P. (the "Nexus Fund II").
- 2. This transaction was executed in multiple trades at prices ranging from \$7.99 to \$8.00; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected upon request to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.
- 3. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and the Nexus Fund II. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky, Manager of RA Capital Management, 06/23/2022 <u>L.P.</u> /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC the General 06/23/2022 Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund II GP, LLC the General Partner 06/23/2022 of RA Capital Nexus Fund II, L.P. /s/ Peter Kolchinsky, 06/23/2022 individually /s/ Rajeev Shah, individually 06/23/2022 ** 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.