FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

Name and Address of Reporting Person* Eckburg Paul					2. Issuer Name and Ticker or Trading Symbol AN2 Therapeutics, Inc. [ANTX]								(Chec	k all applic Directo	able) r	orting Person(s) to Issuer 10% Owner title Other (speci		ner		
(Last)	,	First) PEUTICS, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								X	X Officer (give title Other (specify below) Chief Medical Officer					
1800 EL CAMINO REAL, SUITE D				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) MENLO	PARK C	A	94027											X		led by More		orting Persor	- 1	
(City)	(5	State)	(Zip)		R	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.											to									
		Tab	le I - Nor	า-Deriv	vativ	e Se	curities	s Ac	quired,	Disp	oosed o	f, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month.				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I	Transaction Disposed O Code (Instr. 5)		ties Acquired (A) o I Of (D) (Instr. 3, 4		and Securitie Benefici		es For ally (D) Following (I)		n: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) c (D)	(A) or (D) Pric		Transact	esaction(s) tr. 3 and 4)			msu. 4)	
Common 03/15				5/202	/2024 A 30,000 ⁽¹⁾ A			\$ <mark>0</mark>	51,416(2)			D								
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)			s. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisabl		expiration Pate	Title	Amou or Numb of Share	ber						
Stock Option (right to buy)	\$3	03/15/2024			A		60,000		(3)	0	3/14/2034	Common Stock	60,0	000	\$0	60,000)	D		

Explanation of Responses:

- 1. These restricted stock units vest as follows: 1/16th of the shares vests quarterly over four years from January 1, 2024, subject to the Reporting Person's continuous service as of such date.
- 2. Reflects the adjusted total which includes the purchase of 3,127 shares under the AN2 Therapeutics, Inc. 2022 Employee Stock Purchase Plan on March 31, 2023.
- 3. The shares subject to the option vest as follows: 1/48th of the shares vests monthly over four years from January 1, 2024, subject to the Reporting Person's continuous service as of such date.

/s/ Lucy Day, Attorney-in-Fact 03/18/2024 for Paul Eckburg

** 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.