FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b)

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

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* Eizen Joshua M					2. Issuer Name and Ticker or Trading Symbol AN2 Therapeutics, Inc. [ANTX]										k all applic Directo	cable)	g Pers	son(s) to Isso 10% Ow Other (s	ner	
(Last)	,	irst) EUTICS, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024									below)	.0	gal 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) X Form filed by One Reporting Person						
(Street) MENLO	PARK C	A	94027											X		iled by Mor		One Repor		
(City)	(S	itate)	(Zip)		Rı			` ,			ection 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.																	
		Tab	le I - Nor	ı-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Da			Code (ed (A) o str. 3, 4 a	4 and Securitie Benefici		es ally Following	Form (D) or	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	Prio	Tronco		tion(s)			(moti. 4)	
Common Stock 03/15					5/2024		A		30,000	30,000 ⁽¹⁾ A		6 <mark>0</mark>	32,447(2)(3)			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 (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount 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((Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (right to buy)	\$3	03/15/2024			A		60,000		(4)	0	03/14/2034	Common Stock	60,00	00	\$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 1,207 shares under the AN2 Therapeutics, Inc. 2022 Employee Stock Purchase Plan on March 31, 2023.
- 3. Reflects the adjusted total which includes the purchase of 1,240 shares under the AN2 Therapeutics, Inc. 2022 Employee Stock Purchase Plan on September 29, 2023.
- 4. 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 Joshua M. Eizen

** 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.