(Street) **BOSTON** 

MA

(State)

1. Name and Address of Reporting  $\operatorname{Person}^*$ RA Capital Nexus Fund II, L.P.

02116

(Zip)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| washington, D.C. 20 | J |
|---------------------|---|
|                     |   |
|                     |   |
|                     |   |

| Washington, D.C. 20549                       | OMB APPROVAL |           |  |
|--|--------------|-----------|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number:  | 3235-0287 |  |

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

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

|   | ions may cont<br>tion 1(b).   | inue. See                                  | Filed  | nursuant to         | Section   | 16(a) o    | f the S           | ecurities Exch  | ange Ag                | t of 1934                            |  | hours per  | response:  | 0.5  |  |
|---|---|--|--|---------------------|---|------------|-------------------|---|------------------------|--------------------------------------|--|--|--|--|--|
| 5   | =(~).   |  | i neu  |                     |   |            |                   | nt Company A  |                        |                                      |  |  |  |  |  |
| 1. Nume and Address of Reporting Leison                                 |   |  |  |                     |   |            |                   |   |                        | (Check all app                       | Relationship of Reporting Person(s) to Issuer heck all applicable)  Director X 10% Owner |  |  |  |  |
| (Last)  | (F  | irst) (N                                   | /iddle)  | 3. Date of 08/18/20 | of Earliest Transaction (Month/Day/Year)  |            |                   |   | Officer (give title Ot |                                      |  | specify  |  |  |  |
|   | •   | TREET 18TH FI                              | *  |                     | Amendment, Date of Original Filed (Month/Day/Year)  |            |                   |   |                        | ar)                                  | 6. Individual or Joint/Group Filing (Check Applicable                                    |  |  |  |  |
| (Street)  |   |  |  |                     |   |            |                   |   |                        |                                      | Form filed by One Reporting Person  X Form filed by More than One Reporting              |  |  |  |  |
| BOSTO   | N M   | A 0  | 2116   | Dulo 1              | A Person  |            |                   |   |                        |                                      | on   |  |  |  |  |
| (City)  | (City) (State) (Zip)  |  |  | Chec                | 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 |            |                   |   |                        |                                      |  |  |  |  |  |
|   |   | Table                                      | I. Non Donivo  |                     |   |            |                   | conditions of Ru  |                        |                                      |  |  |  |  |  |
|   |   |  | I - Non-Deriva   | 1                   |   | Acqu<br>3. | ıırea,            |   |                        |                                      |  | 1  |  |  |  |
| 1. Title of S   | Security (Ins   | str. 3)                                    | 2. Transaction<br>Date<br>(Month/Day/Year)   | Executio<br>if any  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)   |            | action<br>(Instr. | 4. Securities Acquired (A) or<br>Disposed Of (D) (Instr. 3, 4 and<br>5) |                        |                                      | 5. Amount of<br>Securities<br>Beneficially<br>Owned<br>Following                         | 6. Owners Form: Dire (D) or Indirect (I) (Instr. 4)  | ect Indirect<br>Owners   | 7. Nature of Indirect Beneficial Ownership (Instr. 4)              |  |
|   |   |  |  |                     |   | Code       | v                 | Amount  | (A) or<br>(D)          | Price                                | Reported<br>Transaction(s)<br>(Instr. 3 and 4)   |  |  |  |  |
| Common  | Stock   |  | 08/18/2023   |                     |   | P          |                   | 1,777,778   | A                      | \$9(1)                               | 5,135,683  | 3 I  | See<br>Footne  | otes <sup>(1)(2)(3)</sup>  |  |
| Common  | Stock   |  |  |                     |   |            |                   |   |                        |                                      | 415,612  | I  | See<br>Footne  | otes <sup>(2)(4)</sup>   |  |
|   |   | Tal  | ole II - Derivati<br>(e.a pu   |                     |   |            |                   |   |                        |                                      |  | t  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                     | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  (Month/Day/Year)  Transaction of Code (Instr. Sec (A)  Acc (A)  Dis  of ( |                     | 5. Number 6. Date Exercisa Expiration Date  |            |                   | Exercisable an  |                        |                                      | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                                      | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  | Code V              | (A)   |            | Date<br>Exercis   | Expirati<br>able Date   | on Titl                | Amoui<br>or<br>Numbe<br>of<br>Shares | er   |  |  |  |  |
| 1. Name and Address of Reporting Person*  RA CAPITAL MANAGEMENT, L.P.   |   |  |  |                     |   |            |                   |   |                        |                                      |  |  |  |  |  |
| (Last) (First) (Middle) 200 BERKELEY STREET 18TH FLOOR                  |   |  |  |                     |   |            |                   |   |                        |                                      |  |  |  |  |  |
| (Street)  | V   | MA   | 02116  |                     |   |            |                   |   |                        |                                      |  |  |  |  |  |
| (City)  |   | (State)                                    | (Zip)  |                     |   |            |                   |   |                        |                                      |  |  |  |  |  |
| 1. Name and Address of Reporting Person*  RA Capital Healthcare Fund LP |   |  |  |                     |   |            |                   |   |                        |                                      |  |  |  |  |  |
| (Last) 200 BER  | KELEY S   | (First)<br>TREET 18TH FI                   | (Middle)   |                     |   |            |                   |   |                        |                                      |  |  |  |  |  |

| (Last) 200 BERKELEY  | (Last) (First) (Middle) 200 BERKELEY STREET 18TH FLOOR |             |  |  |  |  |  |
|--|--|-------------|--|--|--|--|--|
| (Street)<br>BOSTON   | MA   | 02116       |  |  |  |  |  |
| (City)   | (State)  | (Zip)       |  |  |  |  |  |
| 1. Name and Address of Reporting Person* <u>Kolchinsky Peter</u> |  |             |  |  |  |  |  |
| (Last)   | (First)  | (Middle)    |  |  |  |  |  |
| C/O RA CAPITA  | L MANAGE   | EMENT, L.P. |  |  |  |  |  |
| 200 BERKELEY   | STREET 18  | TH FLOOR    |  |  |  |  |  |
| (Street)   |  |             |  |  |  |  |  |
| BOSTON   | MA   | 02116       |  |  |  |  |  |
| (City)   | (State)  | (Zip)       |  |  |  |  |  |
| Name and Address of Reporting Person*     Shah Rajeev M.         |  |             |  |  |  |  |  |
| (Last)   | (First)  | (Middle)    |  |  |  |  |  |
| C/O RA CAPITA  | C/O RA CAPITAL MANAGEMENT, L.P.                        |             |  |  |  |  |  |
| 200 BERKELEY STREET 18TH FLOOR                                   |  |             |  |  |  |  |  |
| (Street)   |  |             |  |  |  |  |  |
| BOSTON   | MA   | 02116       |  |  |  |  |  |
| (City)   | (State)  | (Zip)       |  |  |  |  |  |

## **Explanation of Responses:**

- 1. Acquired from the Issuer pursuant to the public offering described in the Issuer's Prospectus filed with the Securities and Exchange Commission on August 16, 2023.
- 2. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund") and RA Capital Nexus Fund II, L.P. (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.
- 3. Held directly by the Fund.
- 4. Held directly by the Nexus Fund II.

of RA Capital Management, /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC, the General Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund II, GP, LLC, the General Partner 08/22/2023 of RA Capital Nexus Fund II, <u>L.P.</u> /s/ Peter Kolchinsky, 08/22/2023 <u>individually</u> /s/ Rajeev Shah, individually 08/22/2023 \*\* Signature of Reporting Person

/s/ Peter Kolchinsky, Manager

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.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$