SEC	Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Check this box if no longer subject to Section 16. Form 4 or Form 5					ERSHIF		OMB Number: 3235-028 Estimated average burden		3235-0287 en										
	ions may contii tion 1(b).	nue. See	Filed										t of 1934 40			hours p	er respo	nse:	0.5
1. Name and Address of Reporting Person*				2. Iss									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
I (Last) (First) (Middle) I					3. Date of Earliest Transaction (Month/Day/Year) 12/14/2022								Officer (give title Other (specify below) below)						
(Street) BOSTON MA 02116												Line) Fo	Individual or Joint/Group Filing (Check Applicable ne) Form filed by One Reporting Person Form filed by More than One Reporting						
(City) (State) (Zip)														erson		e man O	пе кер	Jrung	
		Table	I - Non-Deriva	tive S	See	curit	ies Ao	quire	d, Dis	spose	d of,	or	Benefi	cially O	vned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deeme Execution if any (Month/Day		n Date	Cod	Transaction Code (Instr.		4. Securities Acqui Disposed Of (D) (In				Beneficially Owned Following		f 6. Owne Form: D (D) or Indirect (Instr. 4)		Indire Benef	ficial ership		
							Cod	le V	Amou	ınt	(A) 01 (D)	r F	Price	Reporte Transac (Instr. 3	tion(s)				
Common	Stock		12/14/2022				Р		824	l,600	A		\$5.4591	1 7,824,600 <sup>(1)</sup> I		See Footnotes <sup>(1)(6)</sup>			
Common	Stock		12/15/2022				Р		237	7,029	A		\$5.495 <sup>(2</sup>	<sup>(2)</sup> 8,061,629 <sup>(3)</sup> I		Ι	See Footnotes <sup>(3)(6)</sup>		
Common	Stock		12/16/2022				Р		1,34	1,420	A	5	\$5.4195 <sup>(</sup>	<sup>(4)</sup> 9,403	<b>,049</b> <sup>(5)</sup>	)	I	See Foot	notes <sup>(5)(6)</sup>
		Tal	ole II - Derivati (e.g., pu												ned				
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)		saction le (Instr. be (Instr.)be			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Derivati Security (Instr. 5)	Derivative deriva Security Security (Instr. 5) Bener Owner Follow Repo		rities Form eficially Dire- ed or In wing (I) (In prted saction(s)		11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(/	A) (D)	Date Exer	cisable	Expira Date		Title	Amour or Numbe of e Shares	er					
		Reporting Person <sup>*</sup>	<u>NT, L.P.</u>																
(Last) 200 BEF		(First) FREET, 18TH F	(Middle) LOOR		_														
(Street) BOSTO	N	MA	02116		-														
(City)		(State)	(Zip)		-														
		Reporting Person <sup>*</sup> thcare Fund I	LP																
(Last) 200 BEF		(First) FREET, 18TH F	(Middle) LOOR																
(Street) BOSTO	N	MA	02116		-														
(City)		(State)	(Zip)		-														
	nd Address of nsky Pete	Reporting Person <sup>*</sup> <u>r</u>			_														

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

Explanation of Responses:

1. Held directly by RA Capital Healthcare Fund, L.P. (the "Fund").

2. This transaction was excuted in multiple trades at prices ranging from \$5.35 to \$5.50; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes, upon request, to provide full information to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected.

3. Held directly by the Fund.

4. This transaction was executed in multiple trades at prices ranging from \$5.25 to \$5.69; the price reported above reflects the weighted average purchase price. The reporting person hereby undertakes, upon request, to provide full information to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected.

5. Held directly by the Fund.

6. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund. 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.

<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Management,	<u>12/16/2022</u>
<u>L.P.</u>	
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Healthcare Fund GP, LLC the General Partner of RA Capital Healthcare Fund, L.P.	<u>12/16/2022</u>
<u>/s/ Peter Kolchinsky,</u> <u>individually</u>	<u>12/16/2022</u>
<u>/s/ Rajeev Shah, individually</u>	<u>12/16/2022</u>
** 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.