FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvasnington, D.O. 200

OMB APPRO	DVAL
OMB Number:	3235-0287
Estimated average bur	den
hours per response:	0.5

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

See Footnotes(2)(3)

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

(First)

C/O RA CAPITAL MANAGEMENT, L.P. 200 BERKELEY STREET, 18TH FLOOR

(Last)

(Middle)

	ction 1(b).	nue. See	Filed	pursua or Se	ant to S	Section	n 16(a)) of the Investm	Securi	ties Exc	chang	e Act of	of 1934		<u> </u>	nours per r	espons	e: ———	0.5
		f Reporting Person* MANAGEME		2. Iss	suer Na	ame a ı	nd Tic	ker or T	rading	Symbo	ol l		5	i. Relationship Check all app Direc	licable	e)	,	s) to Iss	
(Last) 200 BER	,	rst) (I FREET, 18TH F	Middle)		ate of E 9/202		t Trans	saction	(Month	n/Day/Y	ear)			Office below	er (giv v)	e title		ther (sp elow)	pecify
(Street)	N M	A 0	2116	4. If <i>i</i>	Amend	lment,	Date o	of Origii	nal File	d (Mon	ith/Da	y/Year			ı filed l	by One Re	porting	Persor	n
(City)	(St	ate) (2	Zip)											X Perso		by More th	an One	; Repor	ting
		Table	I - Non-Deriva	ative	Secu	rities	Acc	quired	d, Dis	pose	d of	, or E	Benefic	ially Own	ed				
1. Title of	Security (Ins	tr. 3)	2. Transaction Date (Month/Day/Year	Exec if any	Deemed ution E / th/Day	Date,		saction e (Instr.	4. Se Disp	curities osed Of	Acqu (D) (li	ired (A nstr. 3,	a) or 4 and 5)	5. Amount of Securities Beneficially Owned Following		6. Owner Form: Di (D) or Indirect ((Instr. 4)	irect (I)	7. Natur Indirect Benefic Owners (Instr. 4	t cial ship
							Code	e V	Amo	unt	(A) o (D)	Pri	ce	Reported Transaction (Instr. 3 and			$ \bot $		
Common	Stock		12/19/2022				P		98,	787	A	\$5	5.8997 ⁽¹⁾	9,501,83	36(2)	I		See Footn	otes(2)(
		Tal	ble II - Derivat (e.g., pu												d				
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)	4. Transa Code 8)		of Deriv Secu Acqu (A) o Disp of (D	osed) r. 3, 4	Expira	e Exerc ation D h/Day/`		and	Amoi Secu Unde Deriv	rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	deriv Secu Bene Own Follo Repo	owing orted saction(s)	10. Owne Form: Direct or Ind (I) (Ins	ership : t (D) lirect	11. Nate of Indir Benefic Owners (Instr. 4
				Code	v	(A)	(D)	Date Exerc	isable	Expira Date	ation	Title	Amount or Number of Shares	1					
		f Reporting Person* MANAGEME	ENT, L.P.																
(Last) 200 BER	RKELEY S	(First) ΓREET, 18TH F	(Middle)																
(Street)	N	MA	02116																
(City)		(State)	(Zip)																
		f Reporting Person* Ithcare Fund																	
(Last) 200 BER		(First) FREET, 18TH F	(Middle)																
(Street)	N	MA	02116																
(City)		(State)	(Zip)																
	nd Address of nsky Pete	f Reporting Person*																	

(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
1. Name and Addr	ess of Reporting Per	son [*]						
Shah Rajeev	<u> M.</u>							
(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. This transaction was executed in multiple trades at prices ranging from \$5.79 to \$6.00; 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.
- 2. Held directly by RA Capital Healthcare Fund, L.P. (the "Fund").
- 3. 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.

/s/ Peter Kolchinsky, Manager of RA Capital Management, 12/21/2022 L.P. /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC the General 12/21/2022 Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, 12/21/2022 <u>individually</u> /s/ Rajeev Shah, individually 12/21/2022 ** Signature of Reporting Person

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.