FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| | 3 , |
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| pox if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | | or Sec | ction 30(h | ı) of t | he Investme | nt Co | mpany A | ct of 1 | 940 | | | | | | |
|--|---|--------------------------------------|--|--------------------|--|--|--|---------|---|--------|---|---|--------|--------------------------------------|---------------------------------------|---|--|--|-----------------------------------|
| | | of Reporting Person MANAGEME | | | 2 | . Issue Solid | Pr Name a | and T | icker or Tra | ding S | ymbol OB] | | | | | ck all ap | nip of Reporting oplicable) ector | | ssuer |
| (Last) 200 BEF | | First) TREET, 18TH F | (Middle) | | | . Date 6/07/ | | st Tra | insaction (M | onth/[| Day/Year |) | | | | | icer (give title ow) | Othe belo | er (specify w) |
| | | | | | _ 4 | . If Am | endment | . Dat | e of Original | Filed | (Month/I | Day/Ye | ar) | | 6. Ind | ividual | or Joint/Group | Filing (Check / | Applicable |
| (Street) | N I | MA | 02116 | | | | | | 3 1 | | | -, - | , | | Line) | For For | rm filed by One rm filed by More | Reporting Per | son |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Ţ | able I - No | | | | | | | , Dis | - | | | | | Owne | ed | | |
| D | | | Date | ansacti nth/Day | | 2A. Deemed Execution Da if any (Month/Day/Y | | Code | action (Instr. | | urities Acquired (A) osed Of (D) (Instr. 3, 4 | | | | Secu Bene Owne Repo | Amount of ecurities eneficially wned Following eported ransaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Table II - | Dori | vativ | o So | curitio | s A | Code | | Amou | | (A) or | F | ice | (Instr | : 3 and 4) | | |
| | | | | | | | | | its, optio | | | | | | | WIIGC | • | | |
| Security (Instr. 3) Price of Deriva | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Da if any (Month/Day/Y | | 4. Transaction Code (Instr. r) 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Sec | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | piration te | Title | 0 N | amoun or lumbe of Shares | | | | | |
| Director Stock Option (Right to Buy) | \$0.625 | 06/07/2022 | | | A | | 51,000 | | (2) | 06. | /07/2032 | Comi Sto | | 51,00 | 0 | \$0 | 51,000 | I | See footnotes ⁽ (2)(3) |
| | | of Reporting Person | | | | | | | | | | | | | | | | | |
| (Last) | | (First) | (Middle | e) | | | | | | | | | | | | | | | |
| | RKELEY S | TREET, 18TH F | LOOR | | | | | | | | | | | | | | | | |
| (Street) | N | MA | 02116 | 5 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | |
| | | of Reporting Person's althcare Fund | | | | | | | | | | | | | | | | | |
| (Last) | | (First) | (Middle | e) | | | | | | | | | | | | | | | |
| | | MANAGEMEN TREET, 18TH F | | | | | | | | | | | | | | | | | |
| (Stroot) | | | | | | | | | | | | | | | | | | | |
| (Street) | N | MA | 02116 | 5 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip) | | | | | | | | | | | | | | | | |
| | nd Address o | of Reporting Person | • | | | | | | | | | | | | | | | | |
| | | (First) MANAGEMEN TREET 18TH F | | e) | | | | | | | | | | | | | | | |
| (Street) | N | MA | 02116 | 5 | | | | | | | | | | | | | | | |

| (City) | (State) | (Zip) | |
|---------------------------------|--|----------------|--|
| 1. Name and Address Shah Rajeev | ess of Reporting Perso \underline{M} . | n [*] | |
| (Last) | (First) | (Middle) | |
| C/O RA CAPIT | AL MANAGEME | NT, L.P. | |
| 200 BERKELE | Y STREET 18TH | FLOOR | |
| (Street) | | | |
| BOSTON | MA | 02116 | |
| , | | | |
| (City) | (State) | (Zip) | |

Explanation of Responses:

- 1. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (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.
- 2. This option was granted on June 7, 2022 and vests in full on the earlier to occur of the one-year anniversary of the grant date and immediately prior to the issuers next annual meeting of stockholdings occurring after the grant date and will vest automaticall as to 100% of the unvested portion of such option upon specified change in control events.
- 3. Under Mr. Shah's arrangement with the Adviser, Mr. Shah holds the option for the benefit of the Fund. Mr. Shah is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock except to the extent of their pecuniary interest.

Domarka

Mr. Rajeev Shah, a Managing Partner of the Adviser, serves on the Issuer's board of directors.

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

06/09/2022

06/09/2022

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.