FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL												
OMB Number:	3235-0287											
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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 Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Dake Benjamin T</u>						2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [AVTE]								neck al	II applio	cable) or	son(s) to Issuer 10% Owner Other (specify			
(Last)	,	rst) (3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024									Officer (give title Other (sp below) SEE REMARKS				эрсспу			
930 WINTER STREET, SUITE M-500						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WALTH	eet) ALTHAM MA 02451												X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)						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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - N	Non-Deri	vative	Sec	urit	ies A	cquire	ed, D	isposed o	of, or B	eneficia	lly O	wned	ı				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo					Execution Date			3. Transa Code (8)					nd 5) Securi Benefi Owned		es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code V		Amount	(A) or (D)	Price	т	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)					
Common Stock 04/01/202					024	24			M ⁽¹⁾		3,325	A	\$10.61	0.61		4,616		D		
Common Stock 04/01/202				024				S ⁽¹⁾		3,325	D	\$31.974) (2)	1,	291		D			
		Т	able I								sposed of , converti			y Ow	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)		4. Transa Code (8)			vative urities uired or oosed O) tr. 3, 4		ation D		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Deriv Secu	Price of privative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$10.61	04/01/2024			M ⁽¹⁾			3,325	(3	3)	12/13/2031	Commor Stock	3,325	\$	\$ 0	25,675	;	D		

Explanation of Responses:

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on November 16, 2023.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$31.95 to \$32.415, inclusive. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.
- 3. A total of 58,000 shares subject to an employee stock option were granted on December 14, 2021, with the first installment vested on January 14, 2022, and with shares vesting in 48 substantially equal monthly installments.

Remarks:

Officer Title: President, Chief Operating Officer and Secretary

/s/ George A. Eldridge, Attorney-in-Fact

04/03/2024

** 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.