SEC For	m 4 FORM	4	UNITED	) STAT	ΓES	SE						NGE C	OMMI	SSION				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See						uant to	<b>CHAN</b> o Sectior	<b>NGE</b> n 16(a	ngton, D.C. 2 ES IN B a) of the Sec Investment	<b>EN</b>	IEFICI	ge Act of 1		SHIP	OMB I Estima	Numbe ated av	APPROV rr: 3 rerage burden sponse:	3235-0287
1. Name and Address of Reporting Person <sup>*</sup> <u>Resnick Joshua</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Aerovate Therapeutics, Inc. [ AVTE ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O AEROVATE THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/29/2021									Officer (give title Other (specify below) below)				
200 BERKELEY STREET, FLOOR 18					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
BOSTON MA 02116 (City) (State) (Zip)													Form f Persor		e than	One Report	ting	
Table I - Non-Deriva   1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					ction	ction 2A. Deemed Execution Date			, 3. 4. Secur Transaction Dispose Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 a		5. Amour Securitie Beneficia Owned F Reported	nt of s ally following a	Form	: Direct c Indirect E str. 4) C	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Table II -						uired, Di				eficially	Transact (Instr. 3 a				
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution urity or Exercise (Month/Day/Year) if any		3A. Deeme Execution I	d 4. Date, Ti	ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year		of Securities		d Amount ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	ode \	v	(A)	(D)	Date Exercisable		xpiration	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$14	06/29/2021			A		25,000		(1)	0	6/28/2031	Common Stock	25,000	\$0	25,000	0	D <sup>(2)</sup>	

Explanation of Responses:

1. This option shall vest in 36 substantially equal monthly installments, with the first installment vesting on July 29, 2021.

2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund") and RA Capital Nexus Fund, L.P. (the "Nexus Fund"). The Reporting Person 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 and Nexus Fund to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

<u>/s/ George A. Eldridge,</u> <u>Attorney-in-Fact</u>	<u>07/01/2021</u>
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\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.