FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
П	hours nor roomanas:	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 Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Dable Habib J					2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [ AVTE ]						(Ch	5. Relationship of Reporting Person(s) to (Check all applicable)  X Director 10%						
(Last)	(Fi	rst) (	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024						Officer below)	(give title		Other (s below)	pecify		
C/O AEROVATE THERAPEUTICS, INC. 930 WINTER STREET, SUITE M-500				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person						
(Street)	AM M	Α (	02451												filed by Mor	•	n One Repor	
(City) (State) (Zip)			-   Ru	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 - Noı	n-Deriv	vative	Sec	curitie	s Ac	quired, E	Disp	osed c	f, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		Transaction Dispose Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Benefic Owned	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	mount (A) or (D)			ransaction(s) nstr. 3 and 4)		(	(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$21.81	01/02/2024			<b>A</b> <sup>(1)</sup>		2,964		(1)	01	/01/2034	Common Stock	2,964	\$13.49	2,964		D	

## **Explanation of Responses:**

1. This option was awarded in lieu of cash compensation pursuant to the Issuer's Non-Employee Director Compensation Policy. The shares underlying such option shall vest and become exercisable in four equal installments, with the first installment vesting on March 31, 2024, the second installment vesting on June 30, 2024, the third installment vesting on September 30, 2024, and the fourth installment vesting on December 31, 2024.

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

01/04/2024

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.