## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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# ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

10% Owner

below)

Other (specify

7. Nature of

Indirect Beneficial

Ownership (Instr. 4)

11. Nature of

Indirect Beneficial

Ownership (Instr. 4)

See footnotes<sup>(1)</sup>
(2)(3)

5. Relationship of Reporting Person(s) to Issuer

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership Form: Direct

(D) or Indirect (I) (Instr. 4)

Ownership

Form: Direct (D) or Indirect (I) (Instr. 4)

(Check all applicable)

Director

below)

5. Amount of Securities

Owned Following Reported Transaction(s) (Instr. 3 and 4)

9. Number of

Securities Beneficially Owned

Following Reported Transaction(s) (Instr. 4)

12,500

derivative

Beneficially

Officer (give title

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*  RA CAPITAL MANAGEMENT, L.P.					2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [ AVTE ]								5. Relationship (Check all appli X Direct					
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/21/2022									Offi belo				
(Street)			_   4	If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Line)					
BOSTO	N N	ΛA	02116													X	For	m
(City)	(\$	State)	(Zip)														Per	SO
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										d								
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		ransaction Dispose Code (Instr.				rities Acquired (A) o ed Of (D) (Instr. 3, 4			Secur Benef Owne	5. Amou Securition Senefici Owned I			
										Code V		Amour	nt (A)		or Prie	ce Report Transa (Instr. 3		ac
			Table II -														vned	_
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction 3A. Deemed 4.		action	5. Number 6. of E		6. D Exp	ts, options, conver 6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		t 8. Price of Derivative Security		9 d S B C F R T (I				
				c	Code	v	(A)	(D)	Date Exercisable		Expiration Date				Amount or Number of Shares			
Stock Option (Right to Buy)	\$12.26	06/21/2022			A		12,500		(2)		06/2	20/2032	Common Stock		12,500	\$	60	
		f Reporting Person*  MANAGEME	'NIT I D															
- KA CA		VIANAGENIE	/ <del>111, L.1.</del>															
(Last) 200 BER	RKELEY S	(First) FREET, 18TH F	(Middle LOOR	e)														
(Street)	N	MA	02116	5														
(City)		(State)	(Zip)															
1. Name and Address of Reporting Person*  RA Capital Healthcare Fund LP																		
(Last) 200 BER	RKELEY S	(First) TREET, 18TH F	(Middle	e)														
(Street)	N	MA	02116	5														
(City)		(State)	(Zip)															
		f Reporting Person* us Fund, L.P.																
(Last) 200 BER	RKELEY S	(First) TREET, 18TH F	(Middle	e)														
(Street)	N	MA	02116	5														
(City)		(State)	(Zip)															
1 Name a	nd Address o	f Reporting Person*					1											

(Last)	(First)	(Middle)
C/O RA CAP	ITAL MANAGEME	NT, L.P.
200 BERKEL	EY STREET, 18TH	FLOOR
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
	Iress of Reporting Perso	n <sup>*</sup>
Shah Rajee		n* (Middle)
Shah Rajee (Last)	v M. (First)	(Middle)
Shah Rajee (Last) C/O RA CAP	<u>v M.</u>	(Middle) NT, L.P.
Shah Rajee (Last) C/O RA CAP	V M.  (First)  ITAL MANAGEME	(Middle) NT, L.P.
Shah Rajee (Last) C/O RA CAPI 200 BERKEL	V M.  (First)  ITAL MANAGEME	(Middle) NT, L.P.

### **Explanation of Responses:**

- 1. RA Capital Management, L.P. (the "Nexus Fund") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund") and a separately managed account (the "Account"). 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. The shares subject to this option will vest and become exercisable in full on the earlier of (i) June 21, 2023 or (ii) the next annual meeting of the Issuer's stockholders, subject to the Joshua Resnick's continued service through the applicable vesting date.
- 3. Joshua Resnick is a Managing Director of the Adivser who serves on the Issuer's board of directors. Under Mr. Resnick's arrangement with the Adviser, Mr. Resnick holds the option for the benefit of the Fund, the Nexus Fund and the Account. Mr. Resnick 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 Nexus Fund, and the Account to the Adviser. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock.

#### Remarks:

Joshua Resnick, a Managing Director of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P.	06/22/2022
/s/ Peter Kolchinsky, Manager of RA Capital Healthcare GP, LLC the General Partner of RA Capital Healthcare Fund, L.P.	06/22/2022
/s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund GP, LLC the General Partner of RA Capital Nexus Fund, L.P.	06/22/2022
/s/ Peter Kolchinsky, individually	06/22/2022
/s/ Rajeev Shah, individually  ** Signature of Reporting Person	06/22/2022 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.