SEC For	m 4 FORM	4 U	JNITED STA	TES	S SE	CUR	ITI	ES AND	EXCHA	NGE C	юмм	ISSION				
Washington, D.C. 20549													OMB APPROVAL			
Section obligat	this box if no lo n 16. Form 4 or ions may conti tion 1(b).			ed purs	IT OF CHANGES IN BENEFICIAL OWNERS pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								OMB Number: 3235 Estimated average burden hours per response:			3235-0287 n 0.5
1. Name and Address of Reporting Person* GRAYZEL DAVID S.					2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Aerovate Therapeutics</u> , Inc. [ AVTE ]							neck all appli X Directo	cable) or	10%		wner
(Last) (First) (Middle) C/O AEROVATE THERAPEUTICS, INC. 930 WINTER STREET, SUITE M-500					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023							Officer below)				specify
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	_								Person					
Table I - Non-Deriva   1. Title of Security (Instr. 3)   2. Transa Date (Month/D)					ction 2A. Deemed Execution Da			e, Transaction Code (Instr. 5)		rities Acquired (A) o od Of (D) (Instr. 3, 4 a		5. Amou Securitie Benefici	nt of 6. Ov s Forn Illy (D) o ollowing (I) (Ir		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code V	Amount	(A) oi (D)	Price	Transac (Instr. 3	ction(s) and 4)			(
		т	able II - Deriva (e.g., j					quired, Dis s, options				/ Owned				
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)		Transaction Code (Instr.		nber itive ities red sed 3, 4	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)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to	\$27.03	01/03/2023		<b>A</b> <sup>(1)</sup>		2,654		(1)	01/02/2033	Common Stock	2,654	\$18.08	2,654		D <sup>(2)</sup>	

**Explanation of Responses:** 

Buy)

1. This option was avarded 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 substantially equal installments, with the first installment vesting on March 31, 2023, the second installment vesting on June 30, 2023, the third installment vesting on September 30, 2023, and the fourth installment vesting on December 31, 2023.

2. This option was granted to the Reporting Person, a director of the Issuer. The proceeds of any sale of shares of common stock issued to the Reporting Person upon exercise of this option will be transferred to Atlas Venture Life Science Advisors, LLC and as such, the Reporting Person disclaims ownership of such securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

<u>/s/ Ommer Chohan, Attorney-</u> <u>in-Fact</u> <u>01/05/2023</u>

\*\* 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.