## FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may seri

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	ons may continuon 1(b).				Filed			Section 16( 30(h) of the						.934			ho	ours per re	esponse:		0.5
		Reporting Person* Managemen	<u>t, LP</u>			2. Issu	ıer Na	me <b>and</b> Tick	er or Tra	ading	Symbol					elationship d eck all applic Directo	able) or		10	% Owr	ner
				3. Date of Earliest Transaction (Month/Day/Year) 07/02/2021							Officer (give title X Other (specify below)  Former 10% Owner										
(Street) BOSTON MA 02116				_	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     X Form filed by More than One Reporting Person										
(City)	(S	State)	(Zip)																		
1. Title of S	ecurity (Inst		Table I - N	2. Tra Date	Deriva nsaction h/Day/	on	2A. Do Execu	eemed ution Date,	3. Transa Code ( 8)	ction	4. Securitie Disposed	es Ac	quired (	(A) or	5)	5. Amount of Securities Beneficially Owned Follo		6. Owne Form: D (D) or In (I) (Instr	irect direct	Indire Benef Owne	ficial ership
									Code	v	Amount		(A) or (D)	Price		Reported Transaction( (Instr. 3 and				(Instr.	. 4)
Common Stock			07/	07/02/2021				С		1,530,691		A	(1)		1,530,6	91	I		See Footnotes <sup>(2)(3)</sup>		
Common	Stock			07/	02/20	21			P		500,00	0	A	\$14	4	2,030,6	91	I	Į.	See Foot	notes <sup>(2)(4)</sup>
			Table II					rities Acc warrant								wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, T		4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisa Expiration Date (Month/Day/Yea		te Securiti ear) Derivati		Title and Amount of ecurities Underlying erivative Security nstr. 3 and 4)		ng	Derivative deriv Security (Instr. 5) Bene Own Follo Repo		ties cially l ing ed	10. Owners Form: Direct (I or Indire (I) (Instr	hip II B D) C ect (I	11. Nature of ndirect Beneficial Ownership Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		Amount Number Shares			(Instr. 4	ction(s) 4)			
Series A Convertible Preferred Stock	(1)	07/02/2021			С			1,530,691	(1)		(1)		nmon tock	1,530,6	691	(1)	ı	0	I	S	See Footnotes <sup>(2)(5)</sup>
		Reporting Person* Managemen	t, LP																		
(Last) 200 CLA	RENDON S	(First) STREET, 52ND	(Midd	dle)			-														
(Street) BOSTON	I	MA	0211	16			-														
(City)		(State)	(Zip)																		
1. Name and Chen B		Reporting Person*																			
(Last) (First) (Middle) C/O CORMORANT ASSET MANAGEMENT, LLC 200 CLARENDON STREET, 52ND FLOOR																					

(City)	(State)	(Zip)								
1. Name and Address Chen Bihua	ess of Reporting Persor	*  *								
(Last)	(First)	(Middle)								
C/O CORMORANT ASSET MANAGEMENT, LLC										
200 CLARENDON STREET, 52ND FLOOR										
(Street)										
BOSTON	MA	02116								
(City)	(State)	(Zip)								
1. Name and Address of Reporting Person* <u>Cormorant Global Healthcare Master Fund, LP</u>										
(Last)	(First)	(Middle)								
200 CLARENDON STREET, 52ND FLOOR										
(Street)										
BOSTON	MA	02116								
(City)	(State)	(Zip)								

1. Name and Address of Reporting Person*  Cormorant Private Healthcare Fund II, LP									
(Last) (First) (Middle)									
200 CLARENDON STREET, 52ND FLOOR									
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							

## **Explanation of Responses:**

- 1. Shares of Series A Convertible Preferred Stock were convertible at any time at the holder's election, without payment of additional consideration. Such shares had no expiration date but converted into Common Stock automatically upon the closing of the Issuer's initial public offering.
- 2. Shares reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund") and Cormorant Private Healthcare Fund II, LP ("Fund II"). Cormorant Asset Management, LP ("Cormorant") serves as the investment manager of the Master Fund and Fund II. Bihua Chen serves as manager of the general partner of Cormorant. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.
- 3. Represents (i) 318,995 shares of Common Stock held by the Master Fund and (ii) 1,211,696 shares of Common Stock held by Fund II.
- 4. Shares reported herein as purchased on July 2, 2021 represent 500,000 shares purchased by the Master Fund.
- 5. The Series A Convertible Preferred Stock represented, on an as-converted basis, (i) 318,995 shares of Common Stock held by the Master Fund and (ii) 1,211,696 shares of Common Stock held by Fund II.

/s/ CORMORANT ASSET MANAGEMENT, LP By: Cormorant Asset Management 07/07/2021 GP, LLC, its General Partner, By: Bihua Chen, Managing Member /s/ CORMORANT GLOBAL **HEALTHCARE MASTER** FUND, LP, By: Cormorant 07/07/2021 Global Healthcare GP, LLC, its General Partner By: Bihua Chen, Managing Member /s/ Bihua Chen 07/07/2021 /s/ CORMORANT PRIVATE HEALTHCARE FUND II, LP **By: Cormorant Private** 07/07/2021 Healthcare GP II, LLC, its General Partner By: Bihua Chen, Managing Member \*\* 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.