FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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IF.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1034

oursuant 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 [*] Gillies Hunter			2. Issuer Name and Ticker or Trading Symbol <u>Aerovate Therapeutics, Inc.</u> [AVTE]		ationship of Reporting Po all applicable) Director	erson(s) to Issuer 10% Owner			
(Last) (First) (Middle) C/O AEROVATE THERAPEUTICS, INC. 930 WINTER STREET, SUITE M-500		(<i>i</i>	3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024	x	Officer (give title below) CHIEF MEDICA	Other (specify below) L OFFICER			
		ГЕ М-500	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	ividual or Joint/Group Filing (Check Applicable				
(Street) WALTHAM	MA	02451		X	Form filed by One Re Form filed by More th Person				
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication						
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan the satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/28/2024		M ⁽¹⁾		9,000	Α	\$2.14	12,251	D	
Common Stock	03/28/2024		S ⁽¹⁾		9,000	D	\$29.5	3,251	D	

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. Deemed Execution Date, if any (Month/Day/Year)	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) Securities		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	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 Buy)	\$2.14	03/28/2024		M ⁽¹⁾			9,000	(2)	04/01/2031	Common Stock	9,000	\$0	89,510	D	

Explanation of Responses:

1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on January 19, 2023.

2. A total of 109,640 shares subject to an employee stock option were granted on April 2, 2021, with the first installment vested on July 4, 2021, with shares vesting in 48 substantially equal monthly installments

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

04/01/2024

** 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.