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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average b	ourden								
hours per response:	0.5								

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1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [ AVTE ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
NIVEN RALPH				1-				,			- ,			Directo	or		10% Ov	vner		
															X Officer below)	(give title		Other (s	specify	
(Last)	(F	irst)	(Middle)				of Earliest	Trans	action (Mo	onth/[	Day/Year)				,			,		
C/O AEROVATE THERAPEUTICS, INC.						12/14/2021									Chief Development Officer					
930 WIN	ITER STRE	EET SHITE M-	500																	
930 WINTER STREET, SUITE M-500					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)							,		Ü		`	,	,	Line	·)			, , ,	·	
WALTH	AM M	IΑ	02451												X Form f	iled by One	Repo	orting Perso	n	
WILLIAM			02 101										Form filed by More than One Reporting							
(0:1-)	(0	4-4->	(7:-)												Persor	1				
(City)	(5	tate)	(Zip)																	
		Tak	ole I - Non	-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed c	of, or	Bene	eficiall	y Owned					
1. Title of	Security (Ins	tr. 3)		2. Transa	action	n	2A. Deem		4. Securities Acquired (A)						5. Amou				7. Nature	
Date (Month/D				Day/Year)   i		Execution Date, if any (Month/Day/Yea		Transactio Code (Inst				Of (D) (Instr. 3, 4 a		Securitie Beneficia				of Indirect Beneficial		
(""""""""""""""""""""""""""""""""""""""								) 8)						Owned F Reported		(l) (ln		Ownership (Instr. 4)		
									Code	v	Amount	(A) or		Price	Transact	on(s)			(111341.14)	
												(D) P			(Instr. 3	anu 4)				
		-	ا - Table II )								osed of				Owned					
1. Title of	2.	3. Transaction	3A. Deemed				5. Numl					_			8. Price of	9. Number	r of	10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of	Date (Month/Day/Year)	Execution D if any (Month/Day/	ate, T	ransa Code (		n of		6. Date Exercisable and Expiration Date (Month/Day/Year) Underlying Derivative Secu (Instr. 3 and 4)				5	Derivative Security (Instr. 5)		:	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
(	Derivative Security			, , ,	,									(		, I				
	Disposed											Reported	(,, (							
							of (D) (Instr. 3, 4 and 5)									(Instr. 4)	nsaction(s) str. 4)			
							1							Amount						
								Ш						or Number						
							1	ll	Date		Expiration	l		of						
				c	ode	٧	(A)	(D)	Exercisab	le [	Date	Title	-   5	Shares					-	
Stock Option	#10.C1	12/14/2021					65,433		(1)		12/13/2031	Comr	mon	55,433	\$0	65,433	,	D		
CD1 1	\$10.61	12/14/2021	1	1	Α	1	1 00,433	ı I	(+)	1 4	12/13/2031	I 6.	. 10	JJ.4JJ	I ⊅∪	u 05,453	ا ر	עון	1	

## **Explanation of Responses:**

(Right to Buy)

1. This option shall vest and become exercisable in 48 substantially equal monthly installments, with the first installment vesting on January 14, 2022.

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

Stock

12/16/2021

\*\* 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.