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 or Section 30(h) of the Investment Company Act of 1940

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

| 1. Name and Address of Reporting Person* <u>Eldridge George A</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [AVTE] | | | | | | | | all applic | ship of Reporting applicable) rector ficer (give title | | 10% Ov | Owner | | | | |
|---|--|--|-------------|--|---|---|----------|--|--|---------------------------|---|---|---|---|--|---|---|---------------------------------------|---|--|
| (Last) | , | irst) HERAPEUTICS | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) X 01/22/2024 | | | | | | | | below) | SEE RE | MAI | Other (s below) RKS | pecity | | |
| 930 WINTER STREET, SUITE M-500 | | | | | 4. I | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) WALTHA | AM M | ΙA | 02451 | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | I | |
| (City) | (S | tate) | (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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriv | ative | e Se | curities | s Ac | quired, | Dis | posed o | f, or Be | neficia | lly (| Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. Transaction Code (Instr. 5) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | ed (A) or str. 3, 4 an | d | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) o | r Price | Reporte Transac (Instr. 3 | | tion(s) | | | Instr. 4) | | |
| | 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) | Execution D | Date, Transaction Code (Instr. | | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | De Se | Price of erivative ecurity estr. 5) | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | C | Code | v | (A) | (D) | Date Exercisabl | | expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Options (Right to | \$20 | 01/22/2024 | | | A | | 66,586 | | (1) | | 1/21/2034 | Common Stock | 66,586 | | \$0 | 66,586 | 5 | D | | |

Explanation of Responses:

1. This option shall vest and become exercisable in 48 substantially equal monthly installments, with the first installment vesting on February 22, 2024.

Remarks:

Officer Title: Chief Financial Officer and Treasurer

/s/ George A. Eldridge, 01/24/2024 Attorney-in-Fact

** 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.