## 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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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		f Reporting Person* MANAGEME	ENT, L.P.			2. Issuer Name and Ticker or Trading Symbol Aerovate Therapeutics, Inc. [ AVTE				TE]		(Che	elationship of eck all applica X Director	able)	2	X 10%	o Owner		
(Last) 200 BER 18TH FL	RKELEY S	First) ΓREET	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/02/2021							Officer ( below)	give ulle		belo	er (specify w)		
(Street)	N I	MA	02116			4. If A	meno	lment, Date	of Origina	l File	d (Month/E	Day/Year)			Form fil	ed by O	ne Repo	rting Per	pplicable Line) son porting Person
(City)	(	State)	(Zip)																
			Table I - N	on-D	eriv	ative	Sec	curities A	cquire	d, D	isposed	d of, or E	Benefic	cially	Owned				
1. Title of S	Security (Ins	tr. 3)		2. Trai Date (Mont			Exe if a	Deemed ecution Date, ny onth/Day/Yea	Code (		4. Secur Dispose	ities Acquii d Of (D) (In:			5. Amount of Securities Beneficially Following		6. Owner Form: D (D) or Ir (I) (Insti	Direct ndirect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pri	се	Reported Transaction( (Instr. 3 and				(Instr. 4)
Common	Stock			07/	02/2	021			С		3,938,	,387	A	(1)	4,179,85	54 <sup>(2)</sup>	]	I	See footnotes <sup>(2)(5)</sup>
Common	Stock			07/	02/2	021			P		2,785,	,714	A S	\$14	6,965,56	58 <sup>(2)</sup>		I	See footnotes <sup>(2)(5)</sup>
Common	Stock			07/	02/2	021			С		987,2	244	A	(1)	987,24	<b>4</b> <sup>(3)</sup>		I	See footnotes <sup>(3)(5)</sup>
Common	Stock			07/	02/2	021			С		311,1	170	A	(1)	311,170	O <sup>(4)</sup>		I	See footnotes <sup>(4)(5)</sup>
			Table II					ırities Ac s, warran							wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	te, 4.	ransa	ction	5. N Deri Sec Acq or D	umber of ivative urities uired (A) bisposed of (Instr. 3, 4	6. Date Expiration (Month/Da	cercis	able and	7. Title an Securities Derivative 3 and 4)	d Amoun Underly	t of	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Followin	tive ties cially l ing ed	10. Ownersl Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
				С	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun Numbe Shares			(Instr. 4	ction(s) 4)		
Series Seed Preferred Stock	(1)	07/02/2021			С			4,000,000	(1)		(1)	Common Stock	1,287,	.825 <sup>(2)</sup>	\$0		0	I	See footnotes <sup>(2)(5)</sup>
Series A Preferred Stock	(1)	07/02/2021			С			8,232,679	(1)		(1)	Common Stock	2,650,	.562 <sup>(2)</sup>	\$0		0	I	See footnotes <sup>(2)(5)</sup>
Series A Preferred Stock	(1)	07/02/2021			С			3,066,397	(1)		(1)	Common Stock	987,2	244(3)	\$0		0	I	See footnotes <sup>(3)(5)</sup>
Series A Preferred Stock	(1)	07/02/2021			С			966,506	(1)		(1)	Common Stock	311,1	170 <sup>(4)</sup>	\$0		0	I	See footnotes <sup>(4)(5)</sup>
1. Name ar	nd Address of	f Reporting Person*		,															

RA CAPITA	<u> L MANAGEM</u>	<u>ENT, L.P.</u>	
(Last)	(First)	(Middle)	_
200 BERKELE	EY STREET		
18TH FLOOR			
(Street)			
BOSTON	MA	02116	
(City)	(State)	(Zip)	_
	ess of Reporting Perso Healthcare Fund		
(Last)	(First)	(Middle)	_
200 BERKELE	EY STREET		
18TH FLOOR			
(Street)			_
BOSTON	MA	02116	

1		
(City)	(State)	(Zip)
1. Name and Addres	ss of Reporting Person*	
RA Capital N	exus Fund, L.P.	
(Last)	(First)	(Middle)
200 BERKELEY	STREET	
18TH FLOOR		
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Addres	ss of Reporting Person*	
Kolchinsky P	<u>eter</u>	
(Last)	(First)	(Middle)
	AL MANAGEMENT, L.	
200 BERKELEY	STREET, 18TH FLOO	R
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Addres	ss of Reporting Person*	
Shah Rajeev l	<u>M.</u>	
-		
(Last)	(First)	(Middle)
	AL MANAGEMENT, L.	
200 BERKELEY	STREET, 18TH FLOO	R
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)

## **Explanation of Responses:**

- 1. On July 2, 2021, each share of Series Seed Preferred Stock and Series A Preferred Stock (collectively, the "Preferred Stock") converted into shares of Common Stock of the Issuer on a one-for-3.1060103 basis without payment of further consideration upon closing of the initial public offering of the Issuer's common stock. The shares had no expiration date.
- 2. These securities are held directly by RA Capital Healthcare Fund, L.P. (the "Fund").
- 3. These securities are held directly by RA Capital Nexus Fund, L.P. (the "Nexus Fund").
- 4. These securities are held directly by a separately managed account (the "Account").
- RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and the Nexus Fund and the Account. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky, Manager of 07/06/2021 RA Capital Management, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Healthcare GP, LLC 07/06/2021 the General Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund GP, LLC 07/06/2021 the General Partner of RA Capital Nexus Fund, L.P. /s/ Peter Kolchinsky, individually 07/06/2021 /s/ Rajeev Shah, individually 07/06/2021 \*\* Signature of Reporting Person

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.