## FORM 4

C/O RA CAPITAL MANAGEMENT, L.P. 200 BERKELEY STREET, 18TH FLOOR

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vvasimigton,	D.C.	20040

# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response:	0.5

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200 BEI	RKELEY S	FREET 18TH F	LOOR		4. If	Ame	endment,	Date	of Original Fi	led (	(Month/D	ay/Year)		6. Ind Line)	lividual or	Joint/Gro	up Filir	ng (Check Ap	pplicable
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1 Title of	Security (Ins		1	2. Trans		_			quired, D	isp	1	of, or Bo		_	5. Amou		16.0	Ownership	7. Nature
1. Title of	Security (ins	u. 3)		Date	/Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)			Transacti Code (Ins	on Dispose		ed Of (D) (Instr. 3, 4 a		and Securitie Benefici Owned F		es ally Following	For (D)	Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership
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Derivative Conversion Date Execusive Or Exercise (Month/Day/Year) if any		3A. Deemed Execution I if any (Month/Day	Date,	4. Transac Code (li 8)				6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		D   S   (I	B. Price of Derivative Gecurity 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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Ex Da	piration te	Title	Amou or Numb of Share	er					
Share Option (Right to Buy)	\$4.58	08/07/2023			A		45,000		(1)	08/	/07/2028	Ordinary Shares	45,00	00	\$0.00	45,00	00	I	See Footnotes <sup>(1)</sup> (2)(3)
l		Reporting Person	<u>CNT, L.P.</u>	_															
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(Street)	N	MA	0211	6															
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(Street)										
BOSTON	MA	02116								
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(City)	(State)	(Zip)								
1. Name and Addr	ess of Reporting Pers	on <sup>*</sup>								
Shah Rajeev	<u>M.</u>									
(Last)	(First)	(Middle)								
C/O RA CAPITAL MANAGEMENT, L.P.										
200 BERKELEY STREET, 18TH FLOOR										
(Ctua at)										
(Street)	3.64	02116								
BOSTON	MA	02116								
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#### **Explanation of Responses:**

- 1. Dr. Kolchinsky was granted this option pursuant to the Non-Employee Director Compensation Policy. The option vests as to 100% of the shares on the earlier of the Company's 2024 annual general meeting or August 7, 2024.
- 2. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund"). 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.
- 3. Under Dr. Kolchinsky's arrangement with the Adviser, Dr. Kolchinsky holds the option for the benefit of the Fund. Dr. Kolchinsky is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock.

### Remarks:

Dr. Kolchinsky, a Managing Partner of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager of RA Capital Management, 08/09/2023 L.P. /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC, the General Partner 08/09/2023 of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, 08/09/2023 individually /s/ Rajeev Shah, individually 08/09/2023 \*\* 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.