SEC For	m 4																
FORM 4 UNITED STAT					TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					rsuant f	o Sectior	n 16(a	a) of the Secu	rities Excha	nge Act of 1	-	SHIP	Estim	Numbe ated av per res	erage burden	0.5	
1. Name and Address of Reporting Person* Gaster Richard				2.	Issuer	Name an	d Tic	Investment C ker or Trading Ices, Inc.	g Symbol	(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) C/O VENTYX BIOSCIENCES, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/09/2022							Officer (give title Other (specify below) below)					
662 ENCINITAS BLVD, SUITE 250 (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
ENCINITAS CA 92024				_								Form filed by More than One Reporting Person					
(City)	(S	,	(Zip)							<u> </u>							
Table I - Non-Deriva   1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					ction 2A. Deemed Execution Date		a, 3. 4. Secu Dispose Code (Instr. 5)		rities Acquired (A) c ad Of (D) (Instr. 3, 4		5. Amour Securitie Beneficia Owned F	nt of s ally following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		-	Table II - Deriv (e.g.,					uired, Dis s, options,				Owned		-			
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)		n of I		6. Date Exerc Expiration D (Month/Day/)	of Securit Underlyin Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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	\$16.54	06/09/2022		А		13,301		(1)	06/09/2032	Common Stock	13,301	\$0.00	13,30	1	D		

## Explanation of Responses:

1. The shares subject to the option shall vest on the earlier of (i) the one-year anniversary of the date of grant or, (ii) the day prior to the date of the Annual Meeting of the Issuer's stockholders next following the date the option was granted, in each case, subject to the reporting person continuing to be Service Provider (as defined in the Issuer's 2021 Equity Incentive Plan) through the applicable vesting date.

## Remarks:

Dr. Gaster is a partner of venBio Global Strategic GP III, L.P. and is a member of the board of directors of the Issuer. These options are held by Dr. Gaster for the benefit of venBio Global Strategic Fund III, L.P. ("venBio III"). Pursuant to policies of venBio Partners, the manager of venBio III, with respect to director compensation, upon the exercise of these options and sale of the underlying securities, the proceeds will be remitted to venBio III. Dr. Gaster disclaims beneficial ownership over the shares underlying the options held for the benefit of venBio III, and the filing of this Form 4 shall not be deemed an admission of beneficial ownership for purposes of Section 16 of the Securities and Exchange Act of 1934 or any other purpose.

## <u>/s/ Christopher Krueger, as</u> <u>Attorney-in-Fact</u>

<u>ger, as</u>	06/10/2022
	00/10/2022

\*\* 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.