| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|-------------------|-------------|--|------------------------------|---|--------|---------------------------------|--|----------------------|---|---|----------------------------------|---|---|
| | FORM | 4 | UNITE | O STA | TES | S S | | | gton, D.C. 2 | | | NGE C | OMM | SSION | I | OMB | APPRO | VAL |
| Section obligat | this box if no lo n 16. Form 4 or ions may contin tion 1(b). | | STAT | | d purs | suant | to Sectior | n 16(a | SIN B | uritie | es Exchan | ige Act of 1 | | SHIP | E | MB Numbe | er: /erage burde | 3235-0287 |
| | er Christo | Reporting Person [*] pher W irst) | (Middle) | | <u>Ve</u> 3. D | <u>enty</u> | x Biosc | cienc | er or Tradin <u>e</u> ces, <u>Inc.</u> action (Mont | [v | TYX] | | | ieck all ap Dire | blicable) ctor er (give ti w) | - | on(s) to Iss 10% O Other (below) | wner |
| | L CAMINO | SCIENCES, INC DREAL, SUITE | | | 4. lf | f Ame | endment, E | Date of | f Original Fil | ed (| Month/Da | y/Year) | 6. I Lin | e) X Forr | r Joint/Gr n filed by n filed by | oup Filing One Repo | (Check Apporting Perso | n |
| (City) | (S | itate) | (Zip) | | Ru | Cheo | ck this box t | to indic | Transa ate that a trans conditions o | nsac | tion was m | ade pursua | | act, instruct | on or writte | en plan tha | t is intended | to satisfy |
| | | Та | ble I - Nor | ו-Deriv | ative | e Se | curities | s Ace | quired, D | isp | oosed o | of, or Be | neficial | y Owne | d | | | |
| 1. Title of S | Security (Ins | tr. 3) | | 2. Trans Date (Month/I | | ear) | 2A. Deeme Execution if any (Month/Da | Date, | 3. Transact Code (Ins 8) Code \ | str. | 4. Securi Disposed Amount | ties Acquir d Of (D) (Ins (A) o (D) | str. 3, 4 and | 5) Secur Benef Owne Repor Trans | cially d Followin | Form (D) o | vnership i: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Table II - | | | | | | uired, Dis , 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 Da if any (Month/Day/ | Co | ansact ode (In | | 5. Numbe Derivative Securities Acquired or Dispos of (D) (Ins 3, 4 and 5 | e s (A) sed str. | 6. Date Exer Expiration D (Month/Day/ | ate | | 7. Title an of Securit Underlyin Derivative (Instr. 3 an | ies g Security | 8. Price Derivati Security (Instr. 5 | ve deriv Secu Bene Owne Follo Repo | rities ficially ed wing | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficia Ownershi (Instr. 4) |
| | | | | | | | | | | | | | Amount or | | (Instr | | | |

| Stock Option \$2.49 01/02/2024 A 125.000 (1) 01/02/2034 Common 125.000 \$0.00 | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Number of Shares | | |
|--|---------------------|--------|------------|------|---|---------|-----|---------------------|--------------------|-----------------|---------------------|----------------|---------|
| (Right to Buy) | Option (Right to | \$2.49 | 01/02/2024 | A | | 125,000 | | (1) | 01/02/2034 | Common Stock | 125,000 | \$ 0.00 | 125,000 |

Explanation of Responses:

1. 100% of the total shares subject to the Option shall vest on the one-year anniversary of January 2, 2024, subject to the reporting person continuing to be a Service Provider (as defined in the Company's 2021 Equity Incentive Plan) through such date.

Remarks:

| <u>/s/</u> | Chris | <u>toph</u> | ier K | ruege | r |
|------------|-------|-------------|-------|-------|---|
| | | | | | |

** Signature of Reporting Person

01/03/2024

D

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.