| SEC Form 4 FOF | RM 4 | UNITE | D STAT | ES S | ECURITIE | 5 ANI |) E) | CHANG | E CO | OMMIS | SION | | | | |
|--|---------|------------------------|--|---|---|---|--------|---|---------------|-----------------------|--|---|---|---|--|
| | | 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). | | | | 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 Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] <u>Gujrathi Sheila</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Ventyx Biosciences, Inc. [VTYX] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) | (First) | (Middle) | | 3. Date <mark>06/08</mark> | e of Earliest Transa /2023 | ction (Mo | onth/D | ay/Year) | | | Officer (give t below) | title | Other below) | (specify | |
| C/O VENTYX BIOSCIENCES, INC. 662 ENCINITAS BLVD., SUITE 250 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indi Line) X | ·, | | | | |
| (Street) ENCINITAS | CA | 92024 | | | | | | | | | Form filed by Person | / More | e than One Rep | orting | |
| (City) | (State) | (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. | | | | | | | | | | | |
| | | Table I - No | n-Deriva | tive S | ecurities Acq | uired, | Disp | osed of, c | r Ben | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | (| |
| | | Table II - | Derivati | ve Se | curities Acqui | red. D | isno | sed of, or | Benef | icially (| Owned | | | | |

(e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 8. Price of Derivative 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date 5. Number 7. Title and 9. Number of derivative 11. Nature 10. Ownership 4. Transaction Conversion Amount of of Indirect Beneficial of Derivative Securities Acquired Securities Underlying Derivative Security Security (Instr. 3) or Exercise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) Security (Instr. 5) Securities Beneficially Form: Direct (D) Price of Derivative Ownership Owned or Indirect (Instr. 4) Security (A) or Disposed (Instr. 3 and 4) Following Reported (I) (Instr. 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount or Number Date Exercisable Expiration Date of Shares Code v (A) (D) Title Stock Option (right to Commor Stock \$34.83 06/08/2023 A 15,937 (1) 06/08/2033 15,937 \$0.00 15,937 D buy)

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 a Service Provider (as defined in the Issuer's 2021 Equity Incentive Plan) through the applicable vesting date.

Remarks:

/s/ Christopher Krueger, as Attorney-in-Fact

06/12/2023

** 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.