(City)

(Last)

(State)

(First) 200 CLARENDON STREET, 52ND FLOOR

Cormorant Global Healthcare Master Fund, LP

1. Name and Address of Reporting Person*

(Zip)

(Middle)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligation obstruction	ons may continu on 1(b).	ie. See			Filed p						rities Excha		1934		ho	ours per i	response:		0.5	
Name and Address of Reporting Person* 2. Issue					or Section 30(h) of the Investment Company Act of 1940 Issuer Name and Ticker or Trading Symbol Yentyx Biosciences, Inc. [VTYX]						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director									
				3. Date of Earliest Transaction (Month/Day/Year) 10/25/2021							Officer (give title X Other (specify below) Former 10% Owner									
(Street) BOSTON MA 02116				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person									
(City)	(Si	tate)	(Zip)																	
			able I - N			_			·	d, D				ally Owned						
1. Title of Security (Instr. 3)			2. Transad Date (Month/Da			ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		3, 4 and	Beneficially Owned Foll Reported	y (D) or (I) (Ins		ndirect		ndirect Beneficial Ownership	
						+			Code	V	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	d 4)			See		
Common Stock			10/25/2021				С		785,303	B A	(1)	785,303		I		Footnotes ⁽²⁾⁽³⁾				
Common Stock			10/25/2021				P		625,000) A	\$16	1,410,303		:	I Se Fo		otes ⁽²⁾⁽⁴⁾			
			Table I								posed of			lly Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed 4. Transac Code (Ir		action Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	derivati Securit Benefic Owned Followi Reporte	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		hip Ind Be O) Ow	. Nature of direct eneficial vnership str. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shar	r	(Instr. 4					
Series A Convertible Preferred Stock	(1)	10/25/2021			С			548,288	(1)		(1)	Common Stock	548,28	88 (1)		0 I		See Footnotes ⁽²⁾⁽⁵		
Series B Convertible Preferred Stock	(1)	10/25/2021			С			237,015	(1)	,	(1)	Common Stock	237,0	15 (1)	0		I	See Footnotes ⁽²⁾⁽⁶⁾		
		Reporting Person* Managemen	<u>t, LP</u>		,			,				,		,						
(Last) 200 CLA	RENDON S	(First) STREET, 52ND		ddle)																
(Street) BOSTON MA			021	116																
(City)		(State)	(Zip)			-													
1. Name an Chen B		Reporting Person*																		
(Last) (First) C/O CORMORANT ASSET MAN 200 CLARENDON STREET, 52N																				
(Street) BOSTON	I	MA	021	116																

-								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)	(Zip)					
1. Name and Address of Reporting Person*								
Cormorant Private Healthcare Fund III LP								
(Last)	(First)	(Middle)	(Middle)					
200 CLARENDON STREET, 52ND FLOOR								
(0)								
(Street)								
BOSTON	MA	02116						
			_					
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Shares of Series A and Series B Convertible Preferred Stock were convertible at any time at the holder's election, without payment of additional consideration. Such shares had no expiration date but converted into Common Stock automatically upon the closing of the Issuer's initial public offering.
- 2. Shares reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), Cormorant Private Healthcare Fund III, LP ("Fund III"), and a managed account (the "Account"). Cormorant Asset Management, LP ("Cormorant") serves as the investment manager of the Master Fund, Fund III, and the Account. Bihua Chen serves as manager of the general partner of Cormorant. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.
- 3. Represents (i) 169,075 shares held by the Master Fund, (ii) 611,568 shares held by Fund III, and (iii) 4,660 shares held by the Account.
- $4.\ Shares\ reported\ herein\ as\ purchased\ on\ October\ 25,\ 2021\ represent\ 625,\!000\ shares\ purchased\ by\ the\ Master\ Fund.$
- 5. The Series A Convertible Preferred Stock represented, on an as-converted basis, (i) 118,046 shares held by the Master Fund, (ii) 425,582 shares held by Fund III, and (iii) 4,660 shares held by the Account.
- 6. The Series B Convertible Preferred Stock represented, on an as-converted basis, (i) 51,029 shares held by the Master Fund and (ii) 185,986 shares held by Fund III.

/s/ CORMORANT ASSET MANAGEMENT, LP By: Cormorant Asset Management GP, LLC, its General Partner, By: Bihua Chen, Managing Member	10/27/2021
/s/ CORMORANT GLOBAL HEALTHCARE MASTER FUND, LP, By: Cormorant Global Healthcare GP, LLC, its General Partner By: Bihua Chen, Managing Member	10/27/2021
/s/ CORMORANT PRIVATE HEALTHCARE FUND III, LP By: Cormorant Private Healthcare GP III, LLC, its General Partner By: Bihua Chen, Managing Member	10/27/2021
<u>/s/ Bihua Chen</u>	10/27/2021
** 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.