FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	washington, D.C.		
STATEMENT OF	CHANGES IN B	BENEFICIAL (OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruct	1011 10.																
	nd Address of	Reporting Person*						ker or Trading ces, Inc.				Relationship of eck all applications	able)	` ,			
1 Office	I WIGIK 5											Directo			% Owr		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						┤ '	Officer (give title below) Other (specify below)				ecity	
12790 EL CAMINO REAL, SUITE 200				01	01/02/2025						Chief Medical Officer						
12//0 22 612/20 (0 12/22, 50172 200																	
(Street)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Ch						Filing (Chec	k Appl	icable				
SAN DII	EGO C	A	92130		Form filed by One Reporting Person Form filed by More than One Reporting						na						
(City)	(S	tate)	(Zip)									Persor		tilali Olle F	eporu	ng	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			Transaction ite onth/Day/Y	Execution Date,		Code (Inst	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5)			Beneficia Owned F	es For ally (D) Following (I) (I	6. Ownershi Form: Direct (D) or Indire (I) (Instr. 4)	t B	7. Nature of Indirect Beneficial Ownership			
			Code V			Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)		(11	(Instr. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
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/Yea	Code	ransaction of Derivative Ode (Instr. Derivative Securities Expiration Date (Month/Day/Year) DE		of Securities Deri Underlying Secu		8. Price of Derivative Security (Instr. 5)	Perivative derivative Security		ship (D) rect tr. 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 Buy)	\$2.14	01/02/2025		A		85,000		(1)	01/02/2035	Common Stock	85,000	\$0	85,000	D			

Explanation of Responses:

1. One forty-eighth (1/48th) of the total shares subject to the Option shall vest each month following the Vesting Commencement Date (as defined below) on the same day of the month as the Vesting Commencement Date (and if there is no corresponding day, on the last day of the month), subject to the Reporting Person continuing to be a Service Provider (as defined in the Issuer's 2021 Equity Incentive Plan) through each such date. The Vesting Commencement Date is January 2, 2025.

/s/ Austin Rutherford, as Attorney-in-Fact

01/03/2025

** 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.