FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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

(Last) C/O VEN	Name and Address of Reporting Person* Krueger Christopher W Last) (First) (Middle) C/O VENTYX BIOSCIENCES, INC. 162 ENCINITAS BLVD, SUITE 250						2. Issuer Name and Ticker or Trading Symbol Ventyx Biosciences, Inc. [VTYX] 3. Date of Earliest Transaction (Month/Day/Year) 12/17/2021							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Business Officer				
(Street) ENCINIT	ΓAS C	A	92024 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				ction 2A. Deemed Execution Date,			3. Transac Code (li 8)	ction nstr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (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)	tive Conversion Date Execution Date, 1 ty or Exercise (Month/Day/Year) if any		C	ransaction of Ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$14.48	12/17/2021			A		41,916		(1)	1	2/17/2031	Common Stock	41,916	\$0.00	41,916	6	D	
Restricted Stock Units	(2)	12/17/2021			A		41,917		(3)		(3)	Common Stock	41,917	\$0.00	41,917	7	D	

Explanation of Responses:

- 1. Subject to the Reporting Person continuing to be a Service Provider (as defined in the Issuer's 2021 Equity Incentive Plan) through each applicable date, twenty five percent (25%) of the shares subject to the option shall vest on the option shall vest on the option shall vest each month thereafter 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). "Vesting Commencement Date" shall mean December 17, 2021.
- 2. Each restricted stock unit ("RSU") represents a contingent right to receive one share of Ventyx Biosciences, Inc. common stock.
- 3. Subject to the reporting person's continuing to be a Service Provider (as defined in the 2021 Equity Incentive Plan) through such applicable vesting date, twenty five percent (25%) of the RSUs subject to the award shall vest on the one (1) year anniversary of the Vesting Commencement Date, and twenty five percent (25%) of the RSUs subject to the award shall vest on each of the next three Vesting Commencement Date anniversaries thereafter. "Vesting Commencement Date" shall mean December 15, 2021.

Remarks:

/s/ Christopher Krueger ** Signature of Reporting Person 12/17/2021 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.