(City)

(State)

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	
Section 16. Form 4 or Form 5	
obligations may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average bur	den
hours per response.	0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See footnotes⁽¹⁾
(2)(3)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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1. Name and Address of Reporting Person* RA CAPITAL MANAGEMENT, L.P.					2. Issuer Name and Ticker or Trading Symbol Tyra Biosciences, Inc. [TYRA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) 200 BEI		First) TREET, 18TH F	(Middle)			3. Date 06/13/		st Tra	insac	ction (Mo	nth/Day/	Year)					icer (give title ow)	Oth belo	er (specify w)
(Street)	N]	MA	02116		_[4. If Am	nendmen	t, Dat	e of C	Original F	Filed (Mo	nth/D	ay/Year)		Line)	For	m filed by One	Filing (Check Reporting Pe	rson
(City)	((State)	(Zip)		_										X	Per	rson		. 0
		T	able I - No	n-De	eriva	tive S	ecurit	ies A	Acq	uired,	Dispo	sed	of, or E	enefic	ially	Owne	ed		
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			•		Executi if any	2A. Deemed Execution Dat if any (Month/Day/Yo		3. Transac Code (I 8)	ction Dispos		rities Acqued Of (D) (I	and 5) See Be Ow		nount of rities ficially ed Following rted	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Natur Indirect Benefic Owners (Instr. 4			
										Code		moun	, (D	<u> </u>	rice	(Instr	saction(s) : 3 and 4)		
			Table II -										f, or Be tible se			wnec	i		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Da if any (Month/Day/			action (Instr.	5. Num of Derivat Securit Acquire (A) or Dispos of (D) (I 3, 4 and	ive ies ed ed Instr.	Exp	Date Exer piration D onth/Day/	ate	nd	7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security	Deri Sec	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur Indirect Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exe	te ercisable	Expirat Date	tion	Title	Amount or Number of Shares	r				
Stock Option (Right to Buy)	\$5.38	06/13/2022			A		14,500			(2)	06/12/2	2032	Common Stock	14,50	0	\$0	14,500	I	See footn
		of Reporting Person	ENT, L.P.																
(Last) 200 BEI	RKELEY S	(First) TREET, 18TH F	(Middl	le)															
(Street)	N	MA	0211	6															
(City)		(State)	(Zip)																
		of Reporting Person																	
1		(First) MANAGEMEN TREET, 18TH F		le)															
(Street)	N	MA	0211	6															
(City)		(State)	(Zip)																
		of Reporting Person Kus Fund, L.P.																	
(Last) 200 BEI 18TH F	RKELEY S LOOR	(First)	(Middl	le)															
(Street)	N	MA	0211	6															

1. Name and Addr <u>Kolchinsky</u>	ess of Reporting Perso Peter	n [*]	
(Last)	(First)	(Middle)	
C/O RA CAPI	TAL MANAGEME	NT, L.P.	
200 BERKELE	EY STREET 18TH	FLOOR	
(Street)	244	02116	
BOSTON	MA	02116	
(City)	(Stata)	(7in)	
(City)	(State)	(Zip)	
	ess of Reporting Perso	n [*]	
Shah Rajeev	<u>/ M.</u>		
(Last)	(First)	(Middle)	
, ,	ΓAL MANAGEME	, ,	
	EY STREET 18TH		
200 BEKKELI	EI SIKEEI 181H	FLOOK	
(Street)			
BOSTON	MA	02116	
+			
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund, L.P. (the "Nexus Fund") and a separately managed account (the "Account"). The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser GP, Dr. Kolchinsky, and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.
- 2. The option was granted to Mr., Jake Simson, a Partner of the Adviser who serves on the Issuer's board of directors, pursuant to the Issuer's Non-Employee Director Compensation Program. 1/12th of the total number of shares of common stock subject to the option vest monthly following June 13, 2022, the date of grant. In the event the next occurring annual meeting of the Issuer's stockholders occurs prior to the first anniversary of the date of grant, any remaining unvested portion of the option will vest on the date of such annual meeting of the Issuer's stockholders, subject to the Mr Simson's continuous service to the Issuer through each vesting date.
- 3. Under Mr. Simson's arrangement with the Adviser, Mr. Simson holds the option for the benefit of the Fund, the Nexus Fund, and the Account. Mr. Simson is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund, the Nexus Fund, and the Account to the Adviser. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock except to the extent of their pecuniary interest.

Remarks

Jake Simson, a Partner of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P. 06/15/2022 /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC the General Partner of 06/15/2022 RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund GP, 06/15/2022 LLC the General Partner of RA Capital Nexus Fund, L.P. /s/ Peter Kolchinsky, 06/15/2022 individually /s/ Rajeev Shah, individually 06/15/2022 ** 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.