FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPI	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

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

1. Name and Address of Reporting Person*  van den Boom Esther  (Last) (First) (Middle)  C/O TYRA BIOSCIENCES, INC.  2656 STATE STREET				3. 11	Issuer Name and Ticker or Trading Symbol     Tyra Biosciences, Inc. [ TYRA ]      Inc. [ TYRA ]  3. Date of Earliest Transaction (Month/Day/Year)     11/02/2021							Relationship of Reporting Person(s) to Issuer Check all applicable)  Director 10% Owner  X Officer (give title below) Chief Financial Officer				vner specify	
(Street) CARLSI (City)		tate)	92008 (Zip)	_	4. If Amendment, Date of Original F				`	,	Li	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				ansactio	action 2A. Deemed Execution Date,		3. Transactio	4. Securi	4. Securities Acquired (A Disposed Of (D) (Instr. 3,		5. Amount of d Securities Beneficially Owned Following Reported		Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
		-	Fable II - Der (e.g					uired, Dis s, options,									
1. Title of Derivative Security	2. Conversion or Exercise Price of	Date Execution (Month/Day/Year) if any	3A. Deemed Execution Date,		ransaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		t 8. Price of Derivativ	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	е	(I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
(Instr. 3)	Derivative Security	(Monunbay/rear)	(Month/Day/Year	8)		Acquire (A) or Dispose of (D) (I	ed ed nstr.		eary	Derivative	Security		Beneficial Owned Following Reported Transaction	illy 9	Direct (D) or Indirect (I) (Instr. 4)		
(misti. 3)	Derivative	(Month Day) real)		Code	v	Acquire (A) or Dispose of (D) (I	ed ed nstr.	Date Exercisable	Expiration Date	Derivative	Security	(Instr. 5)	Beneficial Owned Following Reported Transaction	illy 9	or Indirect		
Stock Option (Right to Buy)	Derivative	11/02/2021			v	Acquire (A) or Dispose of (D) (II 3, 4 and	ed nstr. I 5)	Date	Expiration	Derivative (Instr. 3 ar	Amoun or Numbe of	(Instr. 5)	Beneficial Owned Following Reported Transaction	ally g ion(s)	or Indirect		
Stock Option (Right to	Derivative Security			Code	v	Acquire (A) or Dispose of (D) (II 3, 4 and	ed nstr. I 5)	Date Exercisable	Expiration Date	Derivative (Instr. 3 ar	Amoun or Numbe of Shares	(Instr. 5)	Beneficia Owned Following Reported Transacti (Instr. 4)	ally g ion(s)	or Indirect (I) (Instr. 4)		

## **Explanation of Responses:**

- 1. 1/48th of the shares subject to the option vest monthly following November 2, 2021, the vesting commencement date, subject to the Reporting Person's continuous service to the Issuer through each vesting
- 2. The option vests based on achievement of a performance objective.

## Remarks:

/s/ John Healy, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person

11/04/2021 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.