| SEC For | m 4 | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|----------------------------|---|----------------|---|--|-----------------------|-----------------------|-----------------|-------------------------------------|---|--|--------------------|--|---------------------------------------|--|
| FORM 4 UNIT | | | | ITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | ed pu | ursuant | t to Sectio | n 16(| ES IN B a) of the Se | curiti | ies Exchan | | Estimated average burden | | | 3235-0287 0.5 | | | |
| 1. Name and Address of Reporting Person* <u>Fuhrman Alan</u> | | | | | 2. | Issuer | Name an | nd Tic | ker or Tradii <u>s, Inc.</u> [| ng S | ymbol | (Ch | | able) | g Pers | 10% Ow Other (s | 0% Owner ther (specify | | |
| | (Last) (First) (Middle) C/O TYRA BIOSCIENCES, INC. 2656 STATE STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | below) | | | | |
| (Street) CARLSBAD CA 92008 | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Ch Line) X Form filed by One Reporting Form filed by More than One Person | | | | | | | | | | rting Person | | | |
| (City) | (5 | , | (Zip) | n-Deriv | / | ve Se | curitie | s Ar | cauired. I | Dis | posed o | of, or Be | eneficial | v Owned | | | | | |
| 1. Title of Security (Instr. 3) (Month | | | | sactio | on | 2A. Deemed Execution Date, if any (Month/Day/Yea | | ar) 3. Transaction Code (Instr. 8) 4. Secu Dispos | | 4. Securi Disposed | ities Acquired (A) or | | 5. Amour | s Illy ollowing | 6. Ownership Form: Direct (D) or Indirec: (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Table II - De | | | | Deriva | ative | Code V Amount (A) UI Price Indisact (Instr. 3) ive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | nd 4) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/N | ate, 4 | ransaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | able and | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | ion(s) | | | |
| Stock Option (Right to Buy) | \$7.6 | 01/01/2023 | | | A | | 32,800 | | (1)(2) | 1 | 2/31/2032 | Common Stock | 32,800 | \$0.00 | 32,80 | 0 | D | | |
| Stock Option (Right to Buy) | \$7. 6 | 01/01/2023 | | | A | | 328,000 | | (1) | 1 | 2/31/2032 | Common Stock | 328,000 | \$0.00 | 328,00 | 00 | D | | |

Explanation of Responses:

1. 25% of the shares subject to the option shall vest on January 1, 2024, and 1/36th of the remaining number of shares subject to the option vest monthly thereafter, subject to the Reporting Person's continuous service to the Issuer through each vesting date.

2. The option vests based on achievement of a performance objective.

Remarks:

/s/ Ali D. Fawaz, Attorney-in-01/03/2023 Fact

** 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.