FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: 3235-0287 0.5

IT OF CHANGES IN BENEFICIAL OWNERSHIP	Estimated average burden
pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:
or Section 30(h) of the Investment Company Act of 1940	

		f Reporting Person* MANAGEME	<u>NT, L.P.</u>					me and Tic OSCIENCE						5. Relationship Check all applic X Directo	cable)		. ,	suer Owner
(Last) 200 BEF 18TH FI	RKELEY S	First) FREET	(Middle)				te of E 7/202	arliest Tran:	saction (f	Month	n/Day/Year)			Officer below)	(give title	9	Othe belov	r (specify v)
(Street)	N I	MA	02116			4. If A	mendi	ment, Date	of Origina	al File	ed (Month/D	ay/Year)	(filed by O	ne Rep	orting Pers	
(City)	(State)	(Zip)															
		•	Table I - N	lon-[Deriva	ative	Sec	urities A	cquire	d, D	isposed	of, or B	eneficia	lly Owned				
Date				ransaction te onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)					Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		Indirect	
								Code	v	Amount	(A) or (D)	Price	Transactior (Instr. 3 and		(
Common	Stock			09/	/17/20	21			С		4,047,1	20 A	(1)	4,047,	120	j		See Footnotes ⁽²⁾⁽⁴⁾
Common	Stock			09	/17/20	21			P		1,250,0	00 A	\$16	5,297,	120	j		See cootnotes ⁽²⁾⁽⁴⁾
Common	Stock			09	/17/20	21			С		1,496,6	13 A	(1)	1,496,	613	I		See cootnotes ⁽³⁾⁽⁴⁾
Common	Stock			09	/17/20	21			С		442,72	1 A	(1)	442,7	21			See cootnotes ⁽⁴⁾⁽⁵⁾
			Table I								sposed o			y Owned				
L. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code (8)		Deri Seci Acq or D	umber of vative urities uired (A) isposed of Instr. 3, 4 5)	6. Date E Expiration (Month/I	on Da					9. Numb derivativ Securitic Benefici Owned Followir Reporte	ve es ially ng	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount of Number of Shares		Transac (Instr. 4)			
Series A Preferred Stock	(1)	09/17/2021			С			1,011,370	(1)		(1)	Common Stock	2,626,9	32 \$0	0		I	See footnotes ⁽²⁾⁽⁴⁾
Series A Preferred Stock	(1)	09/17/2021			С			393,940	(1)		(1)	Common Stock	1,023,2	19 \$0	0		I	See footnotes ⁽³⁾⁽⁴⁾
Series A Preferred Stock	(1)	09/17/2021			С			170,448	(1)		(1)	Common Stock	442,72	1 \$0	0		I	See footnotes ⁽⁴⁾⁽⁵⁾
Series B Preferred Stock	(1)	09/17/2021			С			546,773	(1)		(1)	Common Stock	1,420,1	\$0 \$0	0		I	See footnotes ⁽²⁾⁽⁴⁾
Series B Preferred Stock	(1)	09/17/2021			С			182,257	(1)		(1)	Common Stock	473,39	4 \$0	0		I	See footnotes ⁽³⁾⁽⁴⁾
		f Reporting Person [*] MANAGEME	NT, L.P.															
(Last) 200 BEF	RKELEY S	(First) TREET	(Mid	dle)														

18TH FLOOR (Street) **BOSTON** MA 02116 (City) (State) (Zip) 1. Name and Address of Reporting Person* RA Capital Healthcare Fund LP (Middle) C/O RA CAPITAL MANAGEMENT, L.P. 200 BERKELEY STREET, 18TH FLOOR

(Street)			
BOSTON	MA	02116	
(City)	(State)	(Zip)	
1. Name and Addre	ss of Reporting Person	*	
RA Capital N	<u> Nexus Fund, L.P</u>	<u>.</u>	
-			
(Last)	(First)	(Middle)	
C/O RA CAPIT	AL MANAGEMEN	VT, L.P.	
200 BERKELE	Y STREET, 18TH I	LOOR	
(Street)			
BOSTON	MA	02116	
(City)	(State)	(Zip)	
		*	
	ss of Reporting Person		
Kolchinsky I	<u>Peter</u>		
(Last)	(First)	(Middle)	
C/O RA CAPIT	AL MANAGEMEN	VT, L.P.	
200 BERKELE	Y STREET, 18TH I	LOOR	
-			
(Street)			
BOSTON	MA	02116	
(O:t-)	(04-4-)	(7:-)	
(City)	(State)	(Zip)	
1. Name and Addre	ss of Reporting Person	*	
Shah Rajeev	<u>M.</u>		
-			
(Last)	(First)	(Middle)	
C/O RA CAPIT	AL MANAGEMEN	VT, L.P.	
200 BERKELE	Y STREET, 18TH I	LOOR	
(Street)			
BOSTON	MA	02116	
	1717 1	02110	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. On September 17, 2021, each share of Series A Preferred Stock and each share of Series B Preferred Stock converted into Common Stock of the Issuer at a ratio of 1-for-2.5974 without payment of further consideration upon closing of the initial public offering of the Issuer's common stock. The shares had no expiration date.
- 2. These securities are held directly by RA Capital Healthcare Fund, L.P. (the "Fund").
- 3. These securities are held directly by RA Capital Nexus Fund, L.P. (the "Nexus Fund").
- 4. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund, 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, 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.
- 5. These securities are held directly by the Account.

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

/s/ Peter Kolchinsky, Manager of 09/17/2021 RA Capital Management, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, 09/17/2021 LLC the General Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund GP, 09/17/2021 LLC the General Partner of RA Capital Nexus Fund, L.P. /s/ Peter Kolchinsky, individually 09/17/2021 09/17/2021 /s/ Rajeev Shah, individually

** Signature of Reporting Person

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.