SEC For	rm 4																		
	FORM	4 UN		res	SEC		TIES				AN	GE	COM	MISSIO	N Tr				(0)
Cheel	, this hav if no l	and a ship of	STATEMEN		FC									RCHID		OMB Num		PRO	VAL 235-0287
to Section 16. Form 4 or Form 5 obligations may continue. See				_	Pursuant to Section 16(a) of the Securities Exchange Act of 1934									Estimated average burden hours per response: 0.5					
Instru	ction 1(b).		Filed	l pursu or S	ant to section	Section 30(h) c	f the In	of the S vestme	Securit ent Co	ies Exch mpany A	hange Act of	Act of 1940	1934			-			
1. Name and Address of Reporting Person <sup>*</sup> RA CAPITAL MANAGEMENT, L.P.					2. Issuer Name and Ticker or Trading Symbol   5. Relationshi (Check all app (Check all app									of Reporting Person(s) to Issuer icable)					
<u></u>				3. Da	ate of I	Earliest	Transa	iction (	Month	/Day/Yea	ar)			X Direct	tor er (giv			10% Ov Other (s	
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR				03/0	03/04/2024								belov	v)		k	pelow)		
				4. lf	Ameno	dment,	Date of	Origin	al File	d (Month	ו/Day/	Year)		Individual of ne)		•	•		
(Street)	N M	A 02	2116												i filed I	by One Re by More th	•	•	
			Ru	Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Table	I - Non-Deriva	ative	Secu	rities	Acqu	uired	, Dis	posed	l of,	or B	enefic	ially Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			Date	Exec	Deeme		3. Transaction		4. Securities Acquire Disposed Of (D) (					5. Amount of Securities		6. Ownership Form: Direct		7. Nature of Indirect Beneficial	
			(Month/Day/Year)			//Year)	Code ( 8)	(instr.						Beneficially Owned Following		(D) or Indirect (I) (Instr. 4)		Owner (Instr.	rship
							Code	v	Αποι	unt	(A) o (D)	<sup>r</sup> Pri	ce	Reported Transaction (Instr. 3 and	n(s) 14)				
Common Stock			03/04/2024			Р		1,350,000		A	\$1	5.35(1)	12,431,584				See Footi	See Footnotes <sup>(2)(3)</sup>	
Common Stock											T		335,364				See	notes <sup>(3)(4)</sup>	
		Tab	l ble II - Derivati	ive S	ecuri	ities /	 Acqui	red,	Disp	osed o	of, o	r Bei	neficia	lly Owne	d			1 000	liotes
	1.		(e.g., pı	uts, c		warra	ants, o	optio	ons, c	conver	rtible	e sec	urities	s) 			10.		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Trans Code 8)	action (Instr.	of Deriv	ative rities	Expira	ate Exercisable and iration Date nth/Day/Year) Derivativ		nt of ties lying	Derivative de Security Se (Instr. 5) Be		rivative ( curities I meficially I		ership n: ct (D) direct	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		
	Security					(A) o Dispo of (D (Insti	r osed )				Security (Instr 3 and 4)		ty (Instr.		Follo Repo Trans	Following Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)	
						and t					+		Amount	-	ľ				
								Date		Expirat	ion		or Number of						
1 Name a	nd Address of	Reporting Person*		Code	<u> v</u>	(A)	(D)	Exerci	sable	Date		Title	Shares						
		ANAGEME	<u>NT, L.P.</u>																
(Last)		(First)	(Middle)		-														
. ,	RKELEY S	FREET, 18TH FI	. ,																
(Street)					-														
BOSTO	N	MA	02116		_														
(City)		(State)	(Zip)																
		f Reporting Person <sup>*</sup> Ithcare Fund I	<u>_P</u>																
(Last) 200 BEI	RKELEY S	(First) FREET, 18TH FI	(Middle)																
(Street) BOSTO	N	MA	02116		-														

(City)	(State)	(Zip)			
1. Name and Address of Reporting Person*					

1. Name and Address of Reporting Person\* <u>RA Capital Nexus Fund, L.P.</u>

(Last)	(First)	(Middle)							
200 BERKEI	LEY STREET, 18T	'H FLOOR							
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
1. Name and Ad	dress of Reporting Per	rson <sup>*</sup>							
Kolchinsky	<u>/ Peter</u>								
(Last)	(First)	(Middle)							
C/O RA CAP	C/O RA CAPITAL MANAGEMENT, L.P.								
200 BERKEI	LEY STREET, 18T	'H FLOOR							
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							
	dress of Reporting Pe	rson <sup>*</sup>							
<u>Shah Rajee</u>	<u>ev M.</u>								
(Last)	(First)	(Middle)							
C/O RA CAP	ITAL MANAGEN	IENT, L.P.							
200 BERKEI	LEY STREET, 18T	H FLOOR							
(Street)									
BOSTON	MA	02116							
(City)	(State)	(Zip)							

## Explanation of Responses:

1. Acquired from the Issuer in an at-the-market offering.

2. Held directly by the RA Capital Healthcare Fund, L.P. (the "Fund").

A. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund and RA Capital Nexus Fund, L.P. (the "Nexus Fund"). 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.
Held directly by the Nexus Fund.

## Remarks:

Dr. Derek DiRocco, a Partner of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manag of RA Capital Management L.P.	_
<u>/s/ Peter Kolchinsky, Manaş</u> of RA Capital Healthcare Fund GP, LLC the General Partner of RA Capital Healthcare Fund, L.P.	<u>3er</u> <u>03/06/2024</u>
<u>/s/ Peter Kolchinsky, Managor of RA Capital Nexus Fund</u> <u>GP, LLC the General Partnet</u> <u>of RA Capital Nexus Fund,</u> <u>L.P.</u>	_
<u>/s/ Peter Kolchinsky,</u> individually	03/06/2024
<u>/s/ Rajeev Shah, individuall</u>	<u>y 03/06/2024</u>
** 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.