FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasiliigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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).

	tion 1(b).			or	Suarri C	o Section on 30(h) o	of the	Investment C	company Act	of 1940	001					
Name and Address of Reporting Person* DiRocco Derek				2. Issuer Name and Ticker or Trading Symbol 89bio, Inc. [ETNB]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
			-								X Direct	or		10% Ov	vner	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024						Office below	icer (give title ow)		Other (s below)	specify	
C/O 89B	IO, INC.			4	If Ame	ndment [Date	of Original Fil	ed (Month/D:	av/Year)	6	ndividual or	Joint/Grour	n Filino	ι (Check Δn	nlicable
142 SANSOME STREET, 2ND FLOOR			"	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person				·		
(Street)				-									filed by Mo		one Repo	- 1
SAN FRANC	ISCO C	A	94104	R	ule 1	10b5-	1(c)	Transa	ction Ind	ication						
				- _								haat laata:-#		-la- 41-		
(City)	(S	State)	(Zip)					icate that a trai defense condi					on or written	pian th	at is intended	1 to
		Tab	le I - Non-Deri	vativ	e Sec	curities	s Ac	quired, D	sposed o	of, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D		caction	Execution Da		1	Code (Instr. 5)				es Form ally (D) or following (I) (In		n: Direct or Indirect nstr. 4)	Beneficial Ownership			
			Date		ear) E	xecution fany	Date	, Transacti Code (Ins	on Dispose			Benefic Owned	es ially Following	Form (D) o	: Direct r Indirect str. 4)	of Indirect Beneficial Ownership
			Date		ear) E	xecution fany	Date	, Transacti Code (Ins	on Disposed tr. 5)		tr. 3, 4 and	Securiti Benefic	es ially Following ed ction(s)	Form (D) o	: Direct r Indirect str. 4)	of Indirect Beneficial
		-	Date (Month	/Day/Ye	ear) ii (Execution fany Month/Da	Date ny/Yea	Transacti Code (Ins 8) Code V	Disposed 5) Amount posed of	(A) o (D)	Price	Securiti Benefic Owned Reporte Transac (Instr. 3	es ially Following ed ction(s)	Form (D) o	: Direct r Indirect str. 4)	of Indirect Beneficial Ownership
		-	Date (Month	/Day/Ye	ear) ii (Execution fany Month/Da	Date ny/Yea	Transacti Code (Ins ar) 8)	Disposed 5) Amount posed of	(A) o (D)	Price	Securiti Benefic Owned Reporte Transac (Instr. 3	es ially Following ed ction(s)	Form (D) o	: Direct r Indirect str. 4)	of Indirect Beneficial Ownership
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Date (Month	/Day/Ye	Secu calls	Execution fany Month/Da	Acq ants oer ve es ed ed nstr.	Transacti Code (Ins 8) Code V	Amount posed of converticisable and ate	(A) o (D)	Price Price Price Additional Price Price Price Additional Price Pr	Securiti Benefic Owned Reporte Transac (Instr. 3	es ially Following dition(s) and 4)	Form (D) o (I) (In	: Direct r Indirect str. 4)	of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

\$9.98

Stock Option

(Right to Buy)

1. This option represents a right to purchase a total of 45,150 shares of the Issuer's Common Stock, which will vest in full on February 1, 2025, subject to the Reporting Person's continued service to the Issuer through such date.

02/01/2034

/s/ Ryan A. Murr, as attorneyin-fact for Derek DiRocco

45,150

\$0.00

Common

02/05/2024

45,150

D

** Signature of Reporting Person Da

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).

02/01/2024

** 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.

45,150