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 3235-0287 Estimated average burden hours per response: 0.5

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*  Mansbach Harry H					2. Issuer Name and Ticker or Trading Symbol 89bio, Inc. [ ETNB ]									ck all app Direc	nship of Reportin applicable) Director Officer (give title		rson(s) to Is 10% Ov Other (s	vner	
(Last) C/O 89B	(Fii	st) (M	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024								below	below)  Chief Medic		below)	вреспу
142 SANSOME STREET, 2ND FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) SAN FRANCI	ISCO CA	A 9	4104											2		filed by Mo		•	
(City)	(St	ate) (Z	<u>Z</u> ip)		Rule 10b5-1(c) Transaction Indication  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.										nded to				
		Table	I - No	n-Deriva	tive S	Secui	ritie	s Acc	uired	, Dis	posed of	, or B	ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Date,			Date,	3. Transaction Code (Instr. 8)  4. Securitie: Disposed O 5)						5. Amo Securit Benefic Owned Report	ties cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	P P	rice	Transa	nsaction(s) str. 3 and 4)			
Common Stock 01/05/20					.024				A		25,000(1)	A		\$ <mark>0</mark>	12	125,162		D	
Common Stock 01/05/20				:024				F		9,671(2)	D		\$11.53	115,491		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. ) 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title an Amount o Securities Underlyin Derivative Security ( 3 and 4)		S	. Price of lerivative lecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercisable		Expiration Date	Amou or Numb of Title Share		ber					

## **Explanation of Responses:**

- 1. Represents settlement by the Issuer of performance-based restricted stock units ("RSUs") granted to the Reporting Person under the Company's Amended and Restated 2019 Equity Incentive Plan on September 9, 2022, which vested based on the Issuer's achievement of corporate performance objectives.
- 2. These shares were withheld from the vesting of a performance-based RSU award to cover the estimated tax withholding obligation.

/s/ Ryan A. Murr, as attorneyin-fact for Harry H. Mansbach

01/08/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.