Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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					01 36	ection a	0(11)	or the h	ivestine	iii Co	mpany Act o	11940								
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol 89bio, Inc. [ETNB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
PALEKAR ROHAN								-	_ ,					X Direc		tor 10°		10% O	wner	
(Last)	(Fi	rst) (1	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								X	Office below	er (give title v)	Other (specify below)		specify		
C/O 89BIO, INC.					01/05/2024									C	Chief Exec	utive O	fficer			
142 SANSOME STREET, 2ND FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form	filed by On	e Report	ing Pers	on	
SAN															Form filed by More than One Reportin Person					
,		Rul	le 10)b5-	-1(c)	Tran	sac	tion Indi	icatio	n										
(City)	(St	ate) (2	Zip)		l_			` ,												
											saction was mons of Rule 10					uction or writt	ten plan th	nat is inte	nded to	
		Table	I - No	n-Deriva	tive S	Secu	rities	s Acq	uired	, Dis	posed of	, or E	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution		ution I	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pric	e	Transa	ction(s) 3 and 4)			(111501. 4)	
Common Stock			01/05/2	01/05/2024				A		75,000(1)	A	. \$	<mark>0</mark>	376,225		Е				
Common Stock 01/0				01/05/2	2024				F		27,511(2)	D	\$11	1.53	348,714		Е			
		Tal	ble II -							•	osed of,			•	Owne	d				
	1			(0 / 1		a115, \	_		•		convertib	1		′		1			1	
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or posed 0)	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
													Amount or							

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.

(D)

Date Exercisable

Expiration Date

Title

Shares

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 attorney-01/08/2024 in-fact for Rohan Palekar

** 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.