FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Amount or Number

of Shares

Title

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-
1(c). See Instruction 10.

		Reporting Person*			2. Issuer Na Tango T				ng Symbol]		. Relati Check a	all appl Direct	or	g Perso	10% O	wner
		VENTURES, L)	3. Date of E 09/13/202		nsactio	on (Mo	nth/Day/Year)			Office	r (give title		Other (below)	specity
(Street)			2215		4. If Amend	ment, Date	e of Ori	ginal F	Filed (Month/E	Day/Year		ine)	Form	Joint/Group filed by One filed by Mor n	e Repor	ting Pers	on
(City)	(St		Zip) I - N o	on-Deriva	tive Secu	rities A	cauir	ed. C)isposed (of. or l	Benefici	ially (
1. Title of Security (Instr. 3) 2. Transacti Date		2. Transaction	n 2A. Deemed Execution Date, 'ear) if any		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 are			d (A) or	5. Amo Securit Benefic Owned		ount of ties cially I Following	Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	- 1	Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)			4)	(Instr. 4)
Common	Stock			09/13/2024	4		S		67,400	D	\$10.530)5(1)	16,8	359,075	D) (2)	
		Tal	ble II	- Derivativ (e.g., pu					sposed of , converti				wned	1			
							er 6. D		ercisable and	7. Tit			ce of	9. Number).	11. Nature

Date Exercisable

(D)

(A)

Expiration Date

				Code	v
		Reporting Person*			
	RD ROCK	(First) VENTURES, L AVE, SUITE 140			
(Street)	N :	MA	02215		-
(City)		(State)	(Zip)		
		Reporting Person* ures GP IV, I	<u>P.</u>		
(Last) 201 BRC		(First) AVE, SUITE 140	(Middle)		
(Street)	N :	MA	02215		
(City)		(State)	(Zip)		
	nd Address of P IV, LLO	Reporting Person*			

(Last)	(First)	(Middle)	
201 BROOKL	NE AVE, SUITE	1401	
(Street)			
BOSTON	MA	02215	
(City)	(State)	(Zip)	

Explanation of Responses:

1. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$10.50 to \$10.74, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote (1).

2. These shares are directly held by Third Rock Ventures IV, L.P. ("TRV IV"). The general partner of TRV IV is Third Rock Ventures GP IV, L.P. ("TRV GP IV"). The general partner of TRV GP IV is TRV GP IV, LLC ("TRV GP IV LLC"). Each of TRV GP IV and TRV GP IV LLC disclaims beneficial ownership of the shares except to the extent of its pecuniary interest therein, if any, and this report shall not be deemed an admission that it is the beneficial owner of such shares.

/s/ Kevin Gillis, Chief Operating Officer of TRV GP IV, LLC, general partner of 09/17/2024 Third Rock Ventures GP IV, L.P., general partner of Third Rock Ventures IV, L.P. /s/ Kevin Gillis, Chief Operating Officer of TRV GP IV, LLC, general partner of 09/17/2024 Third Rock Ventures GP IV, <u>L.P.</u> /s/ Kevin Gillis, Chief Operating Officer of TRV GP 09/17/2024 IV, LLC ** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).