SEC Form 4												
FORM 4 UNITED STAT				TES SECURITIES AND EXCHANGE COMMISSI Washington, D.C. 20549					ON OMB APPROVAL			
Check this box if Section 16. Form obligations may or Instruction 1(b).		STAT	Filed pursua	F CHANGES nt to Section 16(a) o ction 30(h) of the In	of the Securitie	Est	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
1. Name and Address of Reporting Person* <u>Quigley Jill M.</u>				ier Name and Ticke I <mark>S Pharmaceut</mark>	tionship of Repor all applicable) Director	,						
(Last)	(First)	(Middle)		e of Earliest Transac 0/2024	Officer (give titl below)	e Other below	(specify)					
C/O TERNS PHARMACEUTICALS, INC. 1065 EAST HILLSDALE BLVD., SUITE 100				mendment, Date of	Original Filed	(Month/Day/Year)	 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person 					
(Street) FOSTER CITY	CA	94404						Form filed by M Person	lore than One Rep	orting		
	(State)	(Zip)	Rul	e 10b5-1(c) ⊺	Fransacti	on Indication						
(City)	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.									ed to		
		Table I - Non	-Derivative	Securities Acq	uired, Disp	oosed of, or Benefi	cially	Owned				
1. Title of Security	(Instr. 3)		2. Transaction	2A. Deemed	3.	4. Securities Acquired (A) or	5. Amount of	6. Ownership	7. Nature		

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 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) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)

	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (I 3, 4 and	Expiration Date (Month/Day/Year) rities jired posed) (Instr.		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Amount or Number of Shares					
Stock Option (Right to Buy)	\$6.99	06/10/2024		A		32,000		(1)	06/09/2034	Common Stock	32,000	\$0.00	32,000	D	

Explanation of Responses:

1. The option will vest in full on the earlier of (i) the first anniversary of the date of grant and (ii) immediately prior to the Annual Meeting following the date of grant. **Remarks:**

- - -

/s/ Bryan Yoon as Attorney-in-	06/14/2024
Fact for Jill M. Quigley	00/14/2024

** 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.