FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT	OF	<b>CHANGES</b>	IN	<b>BENEFICIAL</b>	OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
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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). 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* <u>Quirk Erin</u>						2. Issuer Name and Ticker or Trading Symbol Terns Pharmaceuticals, Inc. [ TERN ]								Relationship oneck all applic	able)	g Perso	10% Ow	ner
(Last)	,	irst) MACEUTICAL	(Middle) S, INC.			3. Date of Earliest Transaction (Month/Day/Year) 01/23/2024								helow)	(give title esident, I	Head o	Other (specification of R&D	pecify
1065 EAST HILLSDALE BLVD., SUITE 100				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FOSTER	CITY C	A	94404												led by Mor	•	rting Person One Report	
(City)	(\$	state)	(Zip)		R	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.													
		Та	ble I - Nor	n-Deri	ivativ	ve Se	ecuritie	s Ac	quired,	Dis	posed c	of, or B	eneficial	ly Owned				
			2. Tran Date (Month		2A. Deemed Execution Date if any (Month/Day/Yea		Date,	e, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and s		Beneficia Owned F	s ally ollowing	Form (D) or	: Direct I r Indirect E str. 4) (	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) (D)	or Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)
Common Stock				01/2	23/20	3/2024			A		75,000(1)		\$0.0	0 75,	75,000		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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		ate,	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour 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	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	Date Expiration   Amount or Number of Shares   Transaction(s) (Instr. 4)										
Stock Option (Right to Buy)	\$5.46	01/23/2024			A		150,000		(2)	0	1/22/2034	Commor Stock	150,000	\$0.00	150,00	00	D	

- 1. Each share is represented by a Restricted Stock Unit ("RSU"). 25% of the RSUs vest on the first anniversary measured from January 1, 2024 (the "Vesting Commencement Date"), and 1/16th of the total number of shares vest quarterly thereafter, such that 100% of the RSUs will be fully vested on the fourth anniversary of the Vesting Commencement Date.
- 2. 25% of the shares subject to the option vest on the first anniversary measured from January 1, 2024 (the "Vesting Commencement Date"), and 1/48th of the total number of shares vest monthly thereafter, such that 100% of the shares subject to the option will be fully vested on the fourth anniversary of the Vesting Commencement Date.

## Remarks:

/s/ Bryan Yoon, as Attorney-in-Fact for Erin Quirk

01/25/2024

\*\* Signature of Reporting Person

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.