1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8) Code V	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) Amount (A) or (D)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Tat	ole I - Nor	n-Deriva	ative S	ecurities Acq	uired, Dis	posed of, o	or Ben	eficially	Owned			
(City) (State)	(Zip)											
(Street) FOSTER CITY CA												
1065 EAST HILLSDALE BLVD., SUITE 100				endment, Date of (	Driginal Filed	(Month/Day/Ye	6. Indiv Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
C/O TERNS PHARMACEUTICAL	1		57,091	2021								
(Last) (First) (Middle)				of Earliest Transac	tion (Month/E	Day/Year)	1	Officer (give title Other (specify below) below)				
1. Name and Address of Reporting Person <sup>*</sup> Quigley Jill M.				r Name <b>and</b> Ticker Pharmaceut				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
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.												
Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	•		d pursual	nt to Section 16(a) ction 30(h) of the In		Esti	Estimated average burden hours per response:					
Check this box if no longer subject to	STA	ГЕМЕ			NERSH		OMB Number: 3235-0					
			Washing	ton, D.C. 205	49			OMB APPROVAL				
SEC Form 4 FORM 4	UNITEI	) STA	TES S	ECURITIES	S AND E	XCHAN	GE CO	ommis	SION			

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

**M**<sup>(1)</sup>

**S**<sup>(1)</sup>

17,235

17,235

Α

D

\$1.82

**\$10** 

32,235

15,000

D D

(															
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)				6. Date Exercisable and Expiration Date (Month/Day/Year)		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	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$1.82	09/09/2024		M <sup>(1)</sup>			17,235	06/12/2023 <sup>(2)</sup>	06/15/2032	Common Stock	17,235	\$0.00	0.00	D	

Explanation of Responses:

Common Stock

Common Stock

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 18, 2024.

09/09/2024

09/09/2024

2. The option vested in full immediately prior to the Annual Meeting following the date of grant.

**Remarks:** 

/s/ David Strauss as Attorney-	00/11/2024
in-Fact for Jill M. Quigley	09/11/2024

\*\* Signature of Reporting Person

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

 $^{\ast}$  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.

Date