FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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ton, D.C. 20549	OMB ADDDOMAL
	OMB APPROVAL

- 1									
	OMB Number:	3235-0287							
ı	Estimated average burden								
	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

Stock Option (Right to Buy)	\$10.72	09/28/2021		A		120,000		(1)	09	9/28/2031	Commo: Stock	n 12	0,000	\$0.00	120,00	0	D	
				Code	v	(A)		Date Exercisable		kpiration ate	Title	or Nu	ount mber Shares		(Instr. 4)	J(6)		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date if any (Month/Day/Yea	Code (Inst				6. Date Exercisable a Expiration Date (Month/Day/Year)			nd 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	is illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
								Code	v	Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)	
Date				2. Transacti Date (Month/Day	Execution Date,		Date,	Transaction D Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Beneficia Owned Fo	s Ily ollowing	6. Own Form: (D) or I	Direct I Indirect E tr. 4) (7. Nature of Indirect Beneficial Ownership	
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(2::)			(=:)										Form filed by More than One Reporting Person				ing	
(Street) FOSTER	CITY (CA CA	94404									Line)	Form filed by One Reporting Person					
1065 EAST HILLSDALE BLVD., SUITE 100					If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
C/O TERNS PHARMACEUTICALS, INC.					09/28/2021								Cl	nief Finar	icial C	Officer		
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							- X	below)	(give title		Other (specification)	pecify	
Vignola Mark J.					Terns Pharmaceuticals, Inc. [TERN]							(Che	ck all applica Director	. ,		10% Ow		
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer					

1. 25% of the shares subject to the option vest on the first anniversary measured from September 28, 2021 (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 Mark J. Vignola

09/30/2021

** 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.