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

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

| l | nd Address of ON CAR | Reporting Person* LL | | <u>T</u> 6 | erns | Pharm | ace | ker or Trading uticals, Ir | nc. [TERN | ۷] | (Ch | telationship of eck all application | , | Perso | on(s) to Issu 10% Ow | | |
|--|--|----------------------|---|---------------------------|--|--|------|--|--------------------|---|---|---|----------------------------------|--|--|--|--|
| (Last) | , | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2024 | | | | | | Officer below) | (give title | | Other (specification) | pecify | | |
| C/O TERNS PHARMACEUTICALS, INC. | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| 1065 EA | ST HILLSI | DALE BLVD., S | SUITE 100 | | | | | | | | | <u></u> | iled by One I | Report | ting Persor | . | |
| (Street) | | | | | | | | | | | | Form f Persor | iled by More | than (| One Report | ting | |
| FOSTER | CITY C | A | 94404 | _ R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| (City) | (S | tate) | (Zip) | | Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins | | | | | nt to a contr ee Instructio | a contract, instruction or written plan that is intended to struction 10. | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | • | Execution Date, | | Code (Ins | | | | Beneficia | s Form ally (D) o ollowing (I) (Ir | | Direct C Indirect E tr. 4) | 7. Nature of Indirect Beneficial Ownership Instr. 4) | | | |
| | | | | | | | Code | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | | (11150.4) | | |
| 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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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) | | Ow For Dir or I (I) (| 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) | \$6.99 | 06/10/2024 | | A | | 32,000 | | (1) | 06/09/2034 | Common Stock | 32,000 | \$0.00 | 32,000 | | D ⁽²⁾ | | |

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.
- 2. Pursuant to an agreement with OrbiMed Advisors LLC, OrbiMed Asia GP III, L.P., OrbiMed Advisors III Limited, and OrbiMed Capital GP VII LLC, the Reporting Person is obligated to transfer any securities issued under any such stock options or other awards, or the economic benefit thereof, to OrbiMed Advisors LLC, OrbiMed Asia GP III, L.P., OrbiMed Advisors III Limited, and OrbiMed Capital GP VII LLC, which will in turn ensure that such securities or economic benefits are provided to OrbiMed Asia Partners III, L.P. and OrbiMed Private Investments VII, LP.

Remarks:

/s/ Bryan Yoon, as Attorney-in-Fact for Carl Gordon

06/14/2024

** 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.