FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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>KINDLER JEFFREY B</u>					2. Issuer Name and Ticker or Trading Symbol Terns Pharmaceuticals, Inc. [TERN]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last)	`	/	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024						Officer below)	Officer (give title below)		specify	
C/O TERNS PHARMACEUTICALS, INC. 1065 EAST HILLSDALE BLVD., SUITE 100				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person				
(Street) FOSTER CITY CA 94404											Form filed by More than One Reporting Person				
(City)	(S	itate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a the affirmative defense conditions of Rule 10b5-1(c). See Instruction					t to a contraction 10.	a contract, instruction or written plan that is intended to satisfy 10.				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
Date				Transactio ate lonth/Day/Y	Execution Day/Year) if any		2A. Deemed Execution Date, f any Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		d (A) or r. 3, 4 and	5. Amour Securitie Beneficia Owned F	s Fo	rm: Direct) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership
							Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 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	Code (Instr.				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)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Stock Option (Right to Buy)	\$6.85	07/01/2024		A		4,676 ⁽¹⁾		(2)	06/30/2034	Common Stock	4,676	\$0.00	4,676	D	

Explanation of Responses:

- 1. This option was issued pursuant to the Issuer's Non-Employee Director Compensation Policy, under which the Reporting Person elected to receive this option in lieu of the Reporting Person's cash retainer fee of \$20,000 for the third and fourth quarters of 2024.
- 2. The option will vest as to 1/6th of the total shares subject thereto on each monthly anniversary of the date of grant, such that 100% of the shares subject to the option will be fully vested on January 1, 2025.

Remarks:

/s/ Bryan Yoon as Attorney-in-

07/02/2024

Fact for Jeffrey B Kindler

** 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.