FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasinigton,	D.C.	20040

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-028 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

1. Name and Address of Reporting Person*  KINDLER JEFFREY B					2. Issuer Name and Ticker or Trading Symbol Terns Pharmaceuticals, Inc. [ TERN ]								Relationship neck all appl X Direct	,	g Pers	son(s) to Iss 10% Ov			
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/12/2023								Office below	r (give title )		Other (s below)	pecify	
C/O TERNS PHARMACEUTICALS, INC.				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable							
1065 EAST HILLSDALE BLVD., SUITE 100														ine)  X Form filed by One Reporting Person					
(Street)	R CITY C	A	94404												m filed by More than One Report			- 1	
					Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	itate)	(Zip)			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.													
		Tab	le I - Non	-Deriv	ative	Sec	curities	s Ac	quired, D	isp	osed o	of, or Be	neficia	Ily Owne	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date,			Transaction Disposed Code (Instr. 5)		rities Acquired (A) o ed Of (D) (Instr. 3, 4 a		Benefic Owned	es For ially (D) Following (I) (	Form (D) or	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
					Code				v	Amount	(A) o	Price	Reporte Transac (Instr. 3	ction(s)			(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)	1. Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, I fany or Exercise (Month/Day/Year)				4. Transac	5. Number of of Ode (Instr. Derivative			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)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$12.05	06/12/2023			A		32,000		(1)	06	6/11/2033	Common Stock	32,000	\$0.00	32,000		D		

## 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.

## Remarks:

/s/ Bryan Yoon as Attorney-in-Fact for Jeffrey B Kindler

06/14/2023

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.