FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540
Washington,	D.C.	20049

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*				2. Issuer Name and Ticker or Trading Symbol Terns Pharmaceuticals, Inc. [TERN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Sundaram Senthil Vel					Terms i marinaceaticais, inc. [1Emy]							X	Director			10% Ov	vner	
(Last) (First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							X	Officer (below)	give title		Other (s below)	specify	
C/O TERNS PHARMACEUTICALS, INC.					02/01/2023							Chief Executive Officer						
1065 EAST HILLSDALE BLVD., SUITE 100																		
(0)					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FOSTER	CITY	CA	94404										X	Form filed by One Reporting Person				
													Form filed by More than One Reporting Person				ting	
(City)		(State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				2. Transac Date (Month/Da	Execution Date		Date,	e, Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amoun Securities Beneficial Owned Fo	lly ollowing	Form: (D) or	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	mount (A) or (D)		Price	Transaction (Instr. 3 and	on(s)			(111311. 4)	
Common Stock				11/30/2	0/2022		P (1)	V	3 A S		\$1.41	7,659			D			
	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. Conversio or Exercis Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Cod	saction e (Instr.	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)		Date Exercisabl		xpiration ate	Title	or Nu	nount imber Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$8.94	02/01/2023		A		900,000		(2)	0	1/31/2033	Common Stock 900		00,000	\$0.00	900,000		D	

Explanation of Responses:

- 1. Includes the purchase of 3 shares under the Terns Employee Stock Purchase Plan on November 30, 2022.
- 2. 25% of the shares subject to the option vest on the first anniversary measured from January 1, 2023 (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:

Includes voluntary reporting of ESPP purchase

/s/ Bryan Yoon, as Attorney-in-

02/03/2023

Fact for Senthil Sundaram ** 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.