FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per respons	e: 0.5							

Section 16. Form 4 or Form 5 obligations may continue. See	
Instruction 1(b).	

	tion 1(b).	mue. See		Filed		to Section 16(a ion 30(h) of the						4		nours	per res	sponse:	0.5
1. Name and Address of Reporting Person*  Elsey R Don				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Lyra Therapeutics</u> , <u>Inc.</u> [ LYRA ]								eck all applic Directo	all applicable)  Director		ng Person(s) to Issuer 10% Owne Other (spe		
(Last) 480 ARS	Last) (First) (Middle) 480 ARSENAL WAY				3. Date of Earliest Transaction (Month/Day/Year) 02/08/2021							] ;	below)	Officer (give title below)  CFO, Treasurer &			·
(Street) WATERTOWN MA 02472											Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(5		(Zip)	Davis	4: 6.			L Dia			D	£: . : . !!	Persor				
Date		2. Transa	2A. Deemed Execution Date		3. Transactio		4. Securitie		ties Acquired (A)		5. Amour Securitie Beneficia Owned F	nt of s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
						Cod	e V	Amou	nt	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)	
		•				urities Acq ls, warrants							Owned				
1. Title of Derivative Security (Instr. 3)			ate, Tr	ansaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	able and	of U	Title and A f Securities nderlying erivative Se nstr. 3 and	ecurity	8. Price of Derivative Security (Instr. 5)  Benefi Owner Follow Repor Transa (Instr.		is lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			

## Explanation of Responses:

\$10.63

1. This option vests and becomes exercisable in 48 equal monthly installments occurring on the completion of each successive month of the Reporting Person's service to the Issuer following February 8, 2021.

(D)

Date Exercisable

(1)

Expiration Date

02/07/2031

## Remarks:

Stock Option

/s/ R. Don Elsey

Common Stock

02/10/2021

45,000

D

\*\* Signature of Reporting Person

Amount or Number

45,000

\$0.00

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).

02/08/2021

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

(A)

45,000

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.