FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

washington, D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(x) Sea best writion 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

T(c). See instruction to.																
Name and Address of Reporting Person*     Palasis Maria						er or Tra		Symbol YRA ]				heck all ap	,	,	,	
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		<u> </u>									-	Office below	er (give title		her (s	pecify
(Last) (First) (Middle)					Trans	action (N	Month	/Day/Year)				- Delo	,		iow)	
C/O LYRA THERAPEUTICS, INC.	10/1	10/16/2024						President & CEO								
480 ARSENAL WAY																
		4. If A	Amendı	ment,	Date o	f Origina	al File	d (Month/Da	y/Yea	r)			or Joint/Grou	p Filing (Ch	eck Ap	oplicable
(Street)											Lin	- /	a fila d bu On	. Danastina	Danas	
WATERTOWN MA 02472													n filed by On			
												Forr Pers	n filed by Mo son	re than One	Repo	orting
(City) (State) (Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)	2. Transac	tion					(A) or	5. Am	ount of	6. Ownership	nip :	7. Nature of Indirect Beneficial Ownership				
or occurry (mean c)	Date			Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			3, 4 an			Form: Dire	ct o					
	(WOIIII) Da									Owne	Owned Following (I		- [0			
						Code	v	Amount	(A) or		Price	Report	action(s)		- 1	(Instr. 4)
				Joue	Ľ	Amount	(D	))	1 1100	(Instr.	3 and 4)	4)				
Common Stock	10/16/2	2024				A		300,000	1)	A	\$0	3	00,000	D		
Table II -	- Derivati	ve Se	curit	ies A	Acqu	ired, [	Disp	osed of,	or B	enef	icial	ly Owne	ed	,	<u> </u>	
								onvertib								
1. Title of 2. 3. Transaction 3A. De		4.			5. Number		6. Date Exercisable and			7. Title and		8. Price of	9. Number			11. Nature of Indirect Beneficial
Derivative   Conversion   Date   Execurity   Security   Or Exercise   (Month/Day/Year)   if any	tion Date,	Transaction Code (Instr							Amount of Securities			Derivative Security	derivative Securities	Owne Form:		
(Instr. 3) Price of (Month	n/Day/Year)	8)		Securities		Und			Unde	Underlying		(Instr. 5)	Beneficially	y Direct	(D)	Ownership
Derivative   Security				Acquired (A) or Disposed		Derivati Security 3 and 4)				nstr.		Owned Following	1,,,			
												Reported		,		
				of (D) (Instr. 3, 4 and 5)									Transaction (Instr. 4)	n(s)		
											ount					
						1				or Nun	nber					
		Code	<sub>v</sub>	(A)	(D)	Date Exercis	ahla	Expiration Date	Title	of Sha	,,					
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## **Explanation of Responses:**

1. Represents an award of restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of the Issuer's common stock. The RSUs will vest in three substantially equal installments occurring on April 1, 2025, October 1, 2025 and April 1, 2026, subject to the Reporting Person's continued service to the Issuer through each applicable vesting date.

/s/ Jason Cavalier, Attorneyin-Fact for Maria Palasis

10/18/2024

\*\* 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.