| SEC For | rm 4 | | | | | | | | | | | | | | | | |
|--|----------------------|---------------|--|----------------|--|-------------------------------------|---|---|-------------|--|--|---|----------------------------------|--|--------------------------------------|--------------------|---------|
| | FORM | 4 | UNITED | D STA | TES S | ECURITIE Washii | ES AN ngton, D. | | | ANG | GE CO | OMMI | SSION | | OMB A | PPRO | VAL |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | d pursuant | to Section 16(a ion 30(h) of the | es Excha | | SHIP | Estim | OMB Number: 3235- Estimated average burden hours per response: | | 3235-0287 n 0.5 | | | | |
| 1. Name and Address of Reporting Person* <u>snyderman nancy lynn MD</u> | | | | | r Name and Tic <u>Therapeuti</u> | - | (Che | elationship eck all appli C Directo | cable) | orting Person(s) to Is | | | | | | | |
| (Last) | ` | , | (Middle) | | 3. Date 06/30/2 | of Earliest Tran 2023 | saction (| Month/I | Day/Year) |) | | | Officer below) | (give title | | Other (s below) | specify |
| | RA THERA SENAL WA | APEUTICS, INC | | | 4. If Am | endment, Date | of Origina | al Filed | (Month/E | Day/Ye | ear) | Line | , | Joint/Group | • | | |
| (Street) WATER | TOWN M | 1A | 02472 | | | | | | | | | | Form f Persor | iled by Moi 1 | re than C | Dne Repo | orting |
| (City) (State) (Zip) | | | Rule 10b5-1(c) Transaction Indication 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 - Nor | n-Deriva | ative Se | curities Ac | quired | , Disj | osed | of, o | or Bene | eficiall | y Owned | ł | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/C | | Day/Year) | Execution Date, | | Transaction Dispo Code (Instr. 5) | | irities Acquired (A) of ed Of (D) (Instr. 3, 4 a | | | Benefici | es ally Following | Form: Direc (D) or Indire | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Amoun | it (A) or P | | Price | Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) | |
| | | Т | | | | urities Acq s, warrants | | | | | | | Owned | | | | |
| 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, (Month/Day/Year) | | Date, | 4. Transactior Code (Instr. B) | ansaction of E | | | i. Date Exercisable and Expiration Date Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e O S F Ily D O I (İ | 0. ovmership orm: irect (D) r Indirect) (Instr. 4) | Beneficial Ownershi (Instr. 4) | | |

| | Security | | | | (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | (Instr. 3 and 4) | | | Following Reported Transaction(s) (Instr. 4) | (I) (Instr. 4) | |
|-----------------|----------|------------|------|---|--|-----|---------------------|--------------------|------------------|--|--------|---|----------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option | \$4.11 | 06/30/2023 | A | | 20,000 | | (1) | 06/29/2033 | Common Stock | 20,000 | \$0.00 | 20,000 | D | |

Explanation of Responses:

1. This option vests and becomes exercisable on June 30, 2024, subject to the Non-Employee Director's continued service on the Board as a Non-Employee Director through such vesting date.

| <u>/s/ Jason Cavalier, Attorney-in</u> | <u>L-</u> |
|--|------------|
| Fact for Nancy Lynn | 07/05/2023 |
| <u>Snyderman, M.D.</u> | |
| | |

** 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.