FORM 4

UNITED STATES SECU

Washington, D.C. 20549

KII	IES A	AND	EXC	HANGE	COMM	IISSION
-----	-------	-----	-----	-------	------	---------

OMB APPROVAL									
OMB Number:	3235-0287								

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

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(c). See Instruction 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

027						
OMB Number:	3235-0287					
Estimated average burden						
hours per response:	0.5					

1. Name and Address of Reporting Person* Palasis Maria					2. Issuer Name and Ticker or Trading Symbol Lyra Therapeutics, Inc. [LYRA]							Relationship of Reporting Perheck all applicable) Director			n(s) to Issu 10% Ow			
(Last) (First) (Middle) C/O LYRA THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024						\dashv	Officer below)	Officer (give title below) President &			pecify		
	SENAL W		•															
400 AK	DEINAL WA	1 1			4. If Amendment, Date of Original Filed (Month/Day/Year)							6	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					4. II Amendment, Date of Original Filed (Month/Day/Year)							Line)						
WATER	TOWN 1	MA	02472															
				— I									Form filed by More than One Reporting Person					
(City)	(State)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				2. Transacti Date Month/Day	Execution Date,		Code (Instr.			Beneficia Owned F	s illy ollowing	6. Own Form: (D) or I (I) (Ins	Direct I Indirect I tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	Amount (A) or (D)		Transact	Reported Transaction(s) (Instr. 3 and 4)		1	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye.	Code (Instr				6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
							(Instr. 4)	JII(3)										
Employee Stock Option (right to buy)	\$6.07	12/09/2024		A		183,333		(1)	0	3/20/2034	Common Stock	183,33	\$0	183,33	3	D		

Explanation of Responses:

1. On March 21, 2024, the Reporting Person was granted a performance stock option ("PSO") for an aggregate of up to 550,000 shares of common stock under the Issuer's 2020 Incentive Award Plan (the "Agreement"). Under the terms of the Agreement, the underlying PSO shares will vest upon certain milestone events. On December 9, 2024, the Issuer determined that Milestone 1 of the PSO was achieved, resulting in 183,333 PSOs being earned. The earned PSOs will vest on January 31, 2028.

/s/ Jason Cavalier, Attorney-in-Fact for Maria Palasis, Ph.D.

12/11/2024

** 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.