FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| I | Estimated average burden | | | | | | | | | |
| I | 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* Smith W Bradford | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Lyra Therapeutics, Inc.</u> [LYRA] | | | | | | elationship of a control of the cont | cable) | Person(s) to Iss | | |
|---|---|--|---|----------|---|--|--------|--|--------------------|---|--|--|---|---|--|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/13/2024 | | | | | | | Officer below) | (give title | Other (sbelow) | specify | |
| C/O LYRA THERAPEUTICS, INC. 480 ARSENAL WAY | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | |
| (Street) WATERTOWN MA 02472 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (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 - Non-D | erivativ | e Se | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | | Code (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F Reported | es Form ally (D) of Following (I) (II | orm: Direct | 7. Nature of Indirect Beneficial Ownership Instr. 4) | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Transact (Instr. 3 a | ion(s) | | (111341. 4) | | |
| | | - | Γable II - De (e.ς | | | | | uired, Dis , options, | | | | 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, if any (Month/Day/Year) | Code | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option | \$0.31 | 06/13/2024 | | A | | 30,000 | | (1) | 06/12/2034 | Common Stock | 30,000 | \$0.00 | 30,000 | D | | |

Explanation of Responses:

1. This option vests and becomes exercisable on the earlier of (i) June 13, 2025 (the one-year anniversary of the date of grant) and (ii) the day immediately prior to the date of the Issuer's next annual meeting of stockholders occurring after the date of grant, in either case, subject to the Non-Employee Director's continued service on the Board as a Non-Employee Director through such vesting date.

/s/ Jason Cavalier, Attorney-in-Fact for W. Bradford Smith

06/14/2024

** 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.