## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	205

gton, D.C. 20549		OMB APPR
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OMB APPROVAL								
OMB Number: 3235-0287								
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hours per response.	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

(First)

51 ASTOR PLACE, 10TH FLOOR

(Middle)

Instruc	ction 1(b).										urities Excha Company Ac		1934						0.0	
						2. Issuer Name and Ticker or Trading Symbol  Lyra Therapeutics, Inc. [ LYRA ]  5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner														
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023								Officer (give title Other (specify below) below)							
PERCEPTIVE ADVISORS LLC  (Last) (First) (Middle)  51 ASTOR PLACE, 10TH FLOOR  (Street) NEW YORK NY 10003  (City) (State) (Zip)  Table I - Non-E  1. Title of Security (Instr. 3)  Common Stock  Table II - De (e.  1. Title of Derivative Conversion Derivative Security of Exercise (Month/Day/Year)  1. Title of Derivative Conversion of Exercise (Month/Day/Year)		,	4	. If Am	endment, [	Date	of Origi	nal Fi	ed (Month/Da	ay/Year)			Joint/Group Filing (Check Applicable							
													Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person							
(City) (State) (Zip)				_ [F	Rule	10b5-1	1(c)	) Tra	nsa	ction Ind	ication	1								
											nsaction was n f Rule 10b5-1(			t, instruction o	r written	plan that	is intende	d to sa	atisfy	
		T	able I -	Non-D	erivati	ive S	ecuritie	s A	cquire	ed, C	isposed (	of, or B	eneficially	Owned						
1. Title of	Security (Ins	str. 3)		2. Transa Date (Month/D		Execution Date,		•,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								_	Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				,		
Commor	Stock			05/31	/2023			Р			3,610,832	A	\$2.4925 <sup>(4)</sup>	11,469,117		I		See Footnotes <sup>(1)</sup>		
Common Stock												1,288,4	446	]	I See Footno		tnotes <sup>(2)</sup>			
			Table								sposed of s, converti			Owned						
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative		Date	Execution if any	Execution Date, Trai		ction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration I (Month/Day		ate	Securities	nd Amount of s Underlying e Security nd 4)	8. Price of Derivative Security (Instr. 5)	deriva Securi Benefi Owned Follow Repor	ities icially d ving ted	10. Owners Form: Direct ( or Indir (I) (Inst	ship (D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares		Transa (Instr.	action(s) 4)		ck Application (Application of the Control of the C		
Stock Purchase	\$2.673	05/31/2023		P			1,805,416		11/30/2023		11/30/2028	Common Stock	1,805,416	(4)	1,805,416		I		See Footnote <sup>(1)</sup>	
											•			,	•		•			
	OR PLACE			Middle)																
	ORK	NY	1	.0003		,														
(City)		(State)	(2	Zip)																
		f Reporting Person <sup>*</sup> LIFE SCIEN(		IASTE	R FU	<u>ND</u>														
(Last) 51 AST	OR PLACE	(First)	(1	Middle)																
(Street)	ORK	NY	1	.0003																
(City)		(State)	(2	Zip)																
	nd Address of tive LS (	f Reporting Person' A), <u>LLC</u>																		

(Street) NEW YORK	NY	10003					
(City)	(State)	(Zip)					
1. Name and Address EDELMAN J	s of Reporting Person* OSEPH						
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR							
(Street) NEW YORK	NY	10003					
(City)	(State)	(Zip)					

## **Explanation of Responses:**

- 1. The securities reported in this row are held by Perceptive Life Sciences Master Fund, Ltd. (the "Master Fund").
- 2. The securities reported in this row are held by Perceptive LS (A), LLC ("Perceptive LS").
- 3. Perceptive Advisors, LLC (the "Advisor") serves as the investment advisor to the Master Fund. Perceptive LS GP, LLC ("GP") is the manager of Perceptive LS. Joseph Edelman is the managing member of the Advisor and the sole member of GP. Each of Mr. Edelman, GP and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that Mr. Edelman, GP or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.
- 4. These securities were acquired in units, with each unit consisting of one share of Common Stock and one Common Stock Purchase Warrant to purchase one share of Common Stock (the "Warrants"), at a combined purchase price of \$2.4925 per unit. Each of the Warrants may not be exercised if the Reporting Persons and their affiliates would beneficially own more than 9.9% of the Issuer's outstanding shares of Common Stock following such exercise.

/s/ Joseph Edelman - for Perceptive Life Sciences Master Fund Ltd., By: Perceptive 06/02/2023 Advisors LLC, its investment manager, By: Joseph Edelman, its managing member /s/ Joseph Edelman - for Perceptive LS (A), LLC, By: Perceptive LS GP, LLC, its 06/02/2023 General Partner, By: Joseph Edelman, its sole member <u>/s/ Joseph Edelman - for</u> Perceptive Advisors LLC, By: 06/02/2023 Joseph Edelman, its managing member 06/02/2023 /s/ Joseph Edelman \*\* Signature of Reporting Person

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.