FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

| gton, D.C. 20549 | OMB APP |
|------------------|------------------|
| | OMB November |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|

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

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

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* MERRIFIELD C ANN | | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Lyra Therapeutics, Inc.</u> [LYRA] | | | | | | | | | all app Direc | , | | wner | |
|--|--|---------------|-------------|-----------------|----------|----------------|--|--------|--|-------|----------|---|--------------|---|---|------------------------------------|--|--|--|-----------|
| (Last) (First) (Middle) 480 ARSENAL WAY | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2021 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify |
| (Street) WATERT | rown n | /IA State) | 024 (Zip | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | Form Form | al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| | | 7 | Table I | - Nor | n-Deriva | tive S | Secui | rities | Acc | uired | , Dis | posed of | , or B | enef | icially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | Execution Date | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5) | | | | | 5. Amo Securit Benefic Owned Report | ties Fo cially (D I Following (I) | | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | Code | V Amount | | (A) o (D) | Pric | е | Transaction(s) (Instr. 3 and 4) | | | | (11150.4) |
| Common Stock 06/17/20 | | | | | | 021 | | | | | | 3,500 | A | \$8 | 3.9699 | | 3,500 | | D | |
| | 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. Conversio or Exercis Price of Derivative Security | | /Year) if | Execution Date, | | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Der Sec (Ins | s. Price of berivative decivative security instr. 5) Beneficially Owned Following Reported Transaction (Instr. 4) | | , | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

Remarks:

/s/ R. Don Elsey, Attorney-in-Fact for C. Ann Merrifield

06/22/2021

** 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.