FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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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 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

Name and Address of Reporting Person* Palasis Maria				2. Issuer Name and Ticker or Trading Symbol Lyra Therapeutics, Inc. [LYRA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										<u> </u>	Director		10% Owner		ner		
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Officer (below)	give title		Other (specify below)		
C/O LYRA THERAPEUTICS, INC.				ľ	00/15/2023						President & CEO						
480 ARSENAL WAY					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					00/20/2023					<u> </u>	X Form filed by One Reporting Person						
WATER	ΓOWN I	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.										satisfy		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date				2. Transact Date (Month/Day	Execution Date		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) or str. 3, 4 and	5. Amoun Securities Beneficia Owned Fo	s Form ally (D) of following (I) (In		Direct of Indirect str. 4)	. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) o	r Price	Reported Transaction (Instr. 3 a	saction(s)			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)	L. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) if any		e, 4. Trans	action (Instr.	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(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expi Date	ration	Title	Amount or Number of Shares		(Instr. 4)			
Stock Option	\$2.99	06/15/2023		A		150,000		(1)	06/14	4/2033 ⁽²⁾	Common Stock	150,000	\$0	150,00	0	D	

Explanation of Responses:

- 1. This option vests and becomes exercisable in 48 equal monthly installments occurring on the completion of each successive month of the Reporting Person's service to the Issuer following June 15, 2023.
- $2. This Form \ 4 \ amendment \ is \ being \ filed \ to \ correct \ the \ expiration \ date \ of \ the \ stock \ option \ granted \ to \ the \ Reporting \ Person.$

/s/ Jason Cavalier, Attorney-in-07/12/2023 Fact for Maria Palasis, Ph.D.

** 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.