## FORM 4

## **UNITED STAT**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

or Section 30(h) of the Investment Company Act of 1940

Washingt

ES SECURITIES AND EXCHANGE COMMISSIC	1(	۷
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Instruction	า 10.																		
1. Name and Address of Reporting Person*  Waksal Harlan					2. Issuer Name and Ticker or Trading Symbol Lyra Therapeutics, Inc. [ LYRA ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
													Director			10% Ow	ner		
-					_									Officer (	give title		Other (sp	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 12/09/2024								below)			below)		
C/O LYRA	THERA	EUTICS, INC.			12/	09/20	024								Executi	ive Cr	nair		
480 ARSE	NAL WAY	7																	
-					- 4. If	Ame	ndmer	nt, Date of	Original F	Filed	(Month/Day	Year)		lividual or Jo	int/Group	Filing (	Check Appli	cable	
(Street)													Line)	Eorm file	nd by Ono	Donor	ting Person		
WATERTO	OWN M	A 0	2472											_	,		One Reporti	ng	
					-									Person	ou by work	c man	One Report	iig	
(City)	(St	ate) (2	Zip)																
		Tak	ole I - Non	n-Deri	ivativ	e Se	curit	ties Acc	quired,	Dis	posed of	, or Ber	neficially	Owned					
1. Title of Se	curity (Instr	. 3)		2. Tran	saction				3. 4. Securities Acquired (A)			d (A) or	5. Amoun	t of 6. Ow		nership 7	. Nature of		
Date			n/Day/Year)		if any	tion Date, h/Day/Year)	Transaction Code (Instr. ) 8)					Beneficial Owned Fo	ly	Form:	Direct II Indirect E str. 4) C	ndirect Beneficial Ownership			
								Code	v	Amount	(A) or	Price		Reported Fransaction(s) Instr. 3 and 4)		(	Instr. 4)		
						tive Securities Acquired, Disposed of, or Beneficia								, ,					
											osed of, convertib			wned					
		T			_	- Cuii	_		_			1		1				1	
1. Title of Derivative Security (Instr. 3)	2. Conversior or Exercise Price of Derivative Security	se (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\	Date,	4. Transaction Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e s ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	.511(5)			
Performance- based Restricted	(1)	12/09/2024			A			128,333	(2)		(2)	Common Stock	128,333	\$0	0		D		

## **Explanation of Responses:**

- 1. Each Performance-based Restricted Stock unit ("PSU") represented a contingent right to receive one share of the Issuer's common stock.
- 2. On March 21, 2024, the Reporting Person was granted a PSU for an aggregate of up to 385,000 shares of common stock under the Issuer's 2020 Incentive Award Plan (the "Agreement"). Under the terms of the Agreement, the underlying PSUs will become earned upon certain milestone events. On December 9, 2024, the Issuer determined that Milestone 1 of the PSU was achieved, resulting in 128,333 PSUs being earned. The earned PSUs will vest on January 31, 2028. The PSUs have no expiration date.

/s/ Jason Cavalier, Attorney-in-Fact for Harlan Waksal

12/11/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.