FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

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

1. Name and Address of Reporting Person*

Kolchinsky Peter

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Footnotes(2)(7)

Footnotes(6)(7)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See Footnotes(4)(7)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

				Т												
		f Reporting Person [°] MANAGEME							ading Symbol Inc. [KAI	LA]		5. Relationshi Check all app Dired	olicable	e)	. ,	Issuer Owner
(Last) 200 BEF	,	rst) (TREET, 18TH F	Middle)		ate of I		Transac	ction (N	Month/Day/Yea	ır)		Offic belov	er (give w)	e title	Other below	(specify v)
				4. If	Ameno	dment, [Date of (Origina	al Filed (Month	/Day/Ye	ar) 6	3. Individual o	r Joint	Group Fili	ng (Check	Applicable
(Street)	N M	Α (2116			,				., .		ine) Form	n filed b	y One Re	porting Per an One Re	rson
(City)	(Si	tate) (Zip)									1 013	OII			
		Table	I - Non-Deriva	ative	Secu	ırities	Acqu	ired,	Disposed	of, or	Benefic	ially Own	ed			
1. Title of	Security (Ins	tr. 3)	2. Transaction Date (Month/Day/Yea	ar) Ex	A. Deem recution any lonth/Da			action (Instr.	4. Securities Disposed Of 5)	Acquire (D) (Inst	d (A) or r. 3, 4 and	5. Amount Securities Beneficially Owned Following		6. Owner Form: Di (D) or Indirect ((Instr. 4)	rect Indi Ben I) Owr	ature of rect reficial nership tr. 4)
							Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and				
Common	Stock		05/23/2022	2			S		1,250,000	D	\$0.65(1)	9,624,6	13(2)	I	See Foo	e otnotes ⁽²⁾⁽
Common	Stock		05/24/2022	2			S		144,805	D	\$0.51(3)	9,479,80	08(4)	I	See Foo	e otnotes ⁽⁴⁾
Common	Stock		05/25/2022	2			S		1,434,509	D	\$0.42(5)	8,045,29	99(6)	I	See Foo	e otnotes ⁽⁶⁾⁽
		Та	ble II - Derivat (e.g., pı						Disposed ons, conver				d			
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)		action (Instr.	5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative (lities red sed 3, 4	Expirati	Exercisable an ion Date Day/Year)	Am Sec Und Der Sec	itle and ount of curities derlying ivative curity (Instr. nd 4)	8. Price of Derivative Security (Instr. 5)	deriv Secu Bene Owne Follo Repo	rities ficially ed wing orted saction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Benefic Owners t (Instr. 4
				Code	v	(A)		Date Exercis	Expiration	on Title	Amount or Number of Shares					
1. Name a	nd Address o	f Reporting Person	,						,			•				
RA CA	APITAL N	MANAGEME	<u>ENT, L.P.</u>													
(Last) 200 BEF	RKELEY S	(First) TREET, 18TH F	(Middle)													
(Street)	N	MA	02116													
(City)		(State)	(Zip)		_											
		f Reporting Person lthcare Fund														
		(First) MANAGEMEN TREET 18TH F														
(Street)	N	MA	02116													
(City)		(State)	(Zip)													

(I aat)	(Fire#)	(M4: delle)	
(Last)	(First)	(Middle)	
C/O RA CAPI	TAL MANAGEM	ENT, L.P.	
200 BERKEL	EY STREET 18TH	I FLOOR	
(Street)			
BOSTON	MA	02116	
(City)	(State)	(Zip)	
1. Name and Add Shah Rajeev	ress of Reporting Person	son [*]	
Shah Rajeev	v M.		
Shah Rajeev (Last)	v M. (First)	(Middle)	
Shah Rajeev (Last) C/O RA CAPI	V M. (First) TAL MANAGEM	(Middle) ENT, L.P.	
Shah Rajeev (Last) C/O RA CAPI	v M. (First)	(Middle) ENT, L.P.	
Shah Rajeev (Last) C/O RA CAPI	V M. (First) TAL MANAGEM	(Middle) ENT, L.P.	
Shah Rajeev (Last) C/O RA CAPI 200 BERKELI	V M. (First) TAL MANAGEM	(Middle) ENT, L.P.	
Shah Rajeev (Last) C/O RA CAPI 200 BERKELI (Street)	v M. (First) TAL MANAGEM EY STREET 18TH	(Middle) ENT, L.P. I FLOOR	

Explanation of Responses:

- 1. This transaction was executed in multiple trades at prices ranging from \$0.60 to \$0.72; the price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide full information regarding the number of shares and prices at which these transactions, and all other transactions reported in this Form 4, were effected upon request to the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer.
- 2. These securities include 9,624,613 shares held directly by RA Capital Healthcare Fund, L.P. (the "Fund").
- 3. This transaction was executed in multiple trades at prices ranging from \$0.50 to \$0.55, the price reported above reflects the weighted average sale price.
- 4. These securities include 9,479,808 shares held directly by the Fund.
- 5. This transaction was executed in multiple trades at prices ranging from \$0.40 to \$0.52; the price reported above reflects the weighted average sale price.
- 6. These securities include 8,045,299 shares held directly by the Fund.
- 7. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

/s/ Peter Kolchinsky, Manager 05/25/2022 of RA Capital Management, L.P. /s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC, the General 05/25/2022 Partner of RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, 05/25/2022 <u>individually</u> /s/ Rajeev Shah, individually 05/25/2022 ** 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.