FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasnington,	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).

Kolchinsky Peter

(First)

(Last)

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Footnote⁽¹⁾⁽⁴⁾

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

See Footnote(3)(4)

Filed nursuant to Section 16(a) of the Securities Eychange Act of 1934

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ı		f Reporting Person		<u>, L.P.</u>							ing Symbol	LA]			Relationshipheck all app	licable)		,	to Iss	
(Last) 200 BEF	•	rst) (FREET, 18TH F	Middle	•		ate of E		Transa	actic	on (Mo	onth/Day/Yea	ar)			Office below	er (give v)	title		ther (sp elow)	pecify
(Street)	N M	A ()2116	5	4. If a	Ameno	lment, [Date of	of Ori	ginal	Filed (Month	n/Day/Y	ear)) 6. Lir	Form	i filed by	Group Fili One Re More th	porting	Perso	n
(City)	(St	tate) (Zip)																	
		Table	9 I - N	Non-Deriva					uir	ed, [ally Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea		2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following		6. Owner Form: D (D) or Indirect (Instr. 4	Direct	Indire Benef	ficial ership				
					1			Co	de	v	Amount	(A) (D)		Price	Reported Transactio (Instr. 3 ar					
Common	Stock			04/01/2022	1			J ⁽	(1)		279,846	S A	1	\$6.74(1)	279,8	346	I			note ⁽¹⁾⁽
Common	Stock			04/01/2023					(2)		1,407,86			\$6.74(2)	10,594		I		See Foot	note ⁽³⁾⁽
		Та	ble I	II - Derivati (e.g., pu							sposed o					d				
Derivative Conversion Da		3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, ly nth/Day/Year)	4. Transa Code 8)				Expiration (Month/D			A Si U D	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nun deriva Securi Benefi Owned Follow Repor Transa (Instr.	tive ities icially d ving ted action(s)	Form Direct or Inc (I) (In	t (D) lirect	11. Natu of Indire Benefic Owners (Instr. 4
					Code	v	(A)	(D)	Dat Exe	e ercisal	Expirat ole Date		tle	Amount or Number of Shares						
ı		f Reporting Person																		
<u>RA CA</u> 	APITAL N	<u>MANAGEME</u>	<u> </u>	<u>, L.P.</u>		_														
(Last) 200 BEF	RKELEY S	(First) FREET, 18TH F	,	(Middle) OR																
(Street)	N	MA	(02116																
(City)		(State)	((Zip)																
		f Reporting Person Ithcare Fund																		
l		(First) MANAGEMEN TREET, 18TH F	IT, L.																	
(Street)	N	MA	(02116																
(City)		(State)		(Zip)																
la Nama a	nd Addrage o	f Reporting Person	*																	

C/O RA CAPITAL MANAGEMENT, L.P. 200 BERKELEY STREET, 18TH FLOOR								
(Street) BOSTON	MA	02116						
(City)	(State)	(Zip)						
1. Name and Addi	ress of Reporting Per	son						
(Last)	(First)	(Middle)						
C/O RA CAPITAL MANAGEMENT, L.P.								
200 BERKELI	EY STREET, 18T	H FLOOR						
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. On April 1, 2021, RA Capital Healthcare Fund, L.P. (the "Fund") acquired a participation interest in the reported shares as part of a reorganization of the assets of a separately managed account (the "Reorganization"). The Fund disclaims beneficial ownership of the reported shares, except to the extent of its pecuniary interest therein.
- $2.\ Acquired\ pursuant\ to\ the\ Reorganization.$
- 3. Held directly by the Fund.
- 4. 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 04/05/2021 of RA Capital Management, /s/ Peter Kolchinsky, Manager of RA Capital Healthcare GP, LLC, the General Partner of 04/05/2021 RA Capital Healthcare Fund, L.P. /s/ Peter Kolchinsky, 04/05/2021 <u>individually</u> /s/ Rajeev Shah, individually 04/05/2021 ** 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.