	rm 4 <b>FORM</b> 4	<b>A</b> 11	п	TED STAT	FS	SEC		TES	ΔΝΓ		NG	= COM	MISSIO	N				
		+ 0						shingtor							OME	3 API	PROV	/AL
Check this box if no longer subject <b>STATEMEN</b>					NT C	T OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden		
🖵 obligat	tions may contir ction 1(b).			Filed	l pursu or S	ant to ection	Section 1 30(h) of	6(a) of t the Inve	the Se stment	curities Excha t Company Ac	nge Act t of 194	t of 1934 0			hours per r	-		0.5
1. Name and Address of Reporting Person <sup>*</sup> ORBIMED ADVISORS LLC														5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) (Middle) 601 LEXINGTON AVENUE 54TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 04/24/2024								Officer (give title below) Other (spe					
				4. lf									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street) NEW YORK NY 10022 (City) (State) (Zip)						065 1			action In	diaat	ion	X Form Perso		y More tha	an One	e Repoi	rting	
					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.													
		Table	1 -	Non-Deriva	tive	Secu	urities /	Acqui	red, I	Disposed	of, or	Benefic	ially Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			2A. Dee Executio ar) if any		med on Date, Day/Year)	Code	action (Instr.	4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following				Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 and		(Instr. 4)		(Instr. 4	4)
Common Stock 04/24/2024			4	•		s		1,781	D	\$14.06	3,435,541		I		See Footnotes <sup>(1)(2</sup>			
		Tal	ble	II - Derivati (e.g., pu						isposed of s, convert				d	a			
1. Title of Derivative Security (Instr. 3)	2.	3. Transaction Date (Month/Day/Year)	3A.	3A. Deemed Execution Date, if any (Month/Day/Year)			5. Num	ber 6.		xercisable and		itle and	8. Price of		mber of	tive Own ties Form cially Direc l or In ing (I) (Ir ed ction(s)		11. Natur
Derivative Security	Conversion or Exercise Price of Derivative Security		if a	ny		action (Instr.		tive (M ties ed æd	piratio lonth/D	n Date Jay/Year)	Sec Und Der Sec	ount of urities lerlying ivative urity (Instr. nd 4)	Derivative Security (Instr. 5)	Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc (I) (In:	t (D) lirect	Beneficia
Derivative Security	or Exercise Price of Derivative		if a	ny	Code	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4		lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	of Indired Beneficia Ownersh (Instr. 4)
Derivative Security (Instr. 3) 1. Name ar	or Exercise Price of Derivative Security		if a (Mo	ny	Code 8)	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4	onth/D	lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	Beneficia Ownersh
Derivative Security (Instr. 3) 1. Name ar ORBIN (Last)	or Exercise Price of Derivative Security and Address of MED AD AD	(Month/Day/Year) Reporting Person <sup>*</sup> ✓ISORS LLC (First)	if a (Mo	ny	Code 8)	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4	onth/D	lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	Beneficia Ownersh
Derivative Security (Instr. 3) 1. Name ar ORBIN (Last) 601 LEX 54TH FI	or Exercise Price of Derivative Security and Address of MED AD AD XINGTON A COOR	(Month/Day/Year) Reporting Person <sup>*</sup> ✓ISORS LLC (First)	if a (Mc	ny onth/Day/Year)	Code 8)	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4	onth/D	lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	Beneficia Ownersh
Derivative Security (Instr. 3) 1. Name ar ORBIN (Last) 601 LEX 54TH FL (Street)	or Exercise Price of Derivative Security and Address of MED AD AD COOR	(Month/Day/Year) Reporting Person* VISORS LLC (First) VENUE		ny onth/Day/Year) (Middle)	Code 8)	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4	onth/D	lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	Beneficia Ownersh
Derivative Security (Instr. 3) 1. Name ar ORBIN (Last) 601 LEX 54TH FI (Street) NEW YC (City) 1. Name ar	or Exercise Price of Derivative Security and Address of MED AD COOR ORK	(Month/Day/Year) Reporting Person* VISORS LLC (First) AVENUE NY		ny onth/Day/Year) (Middle) 10022	Code 8)	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4	onth/D	lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	Beneficia Ownersh
Derivative Security (Instr. 3) 1. Name ar ORBIN (Last) 601 LEX 54TH FI (Street) NEW YC (City) 1. Name ar OrbiMc (Last)	or Exercise Price of Derivative Security and Address of MED ADY ALOOR ORK ORK	(Month/Day/Year) Reporting Person* VISORS LLC (First) AVENUE NY (State) Reporting Person*		ny onth/Day/Year) (Middle) (Middle) (Middle)	Code 8)	(Instr.	Derivat Securit Acquir (A) or Dispos of (D) (Instr. : and 5)	tive (M ties ed 3, 4	onth/D	lay/Year)	Sec Und Der Sec 3 ar	urities lerlying ivative urity (Instr. ad 4) Amount or Number of	Security (Instr. 5)	Secur Benef Owne Follov Repor	rities ficially ed wing rted action(s)	Form Direc or Inc	t (D) lirect	Beneficia Ownersh

Explanation of Responses:

(State)

(Zip)

(City)

1. These Shares are held of record by OrbiMed Private Investments VI, LP ("OPI VI"). OrbiMed Capital GP VI LLC ("GP VI") is the general partner of OPI VI. OrbiMed Advisors LLC ("OrbiMed Advisors"), a registered investment adviser under the Investment Advisers Act of 1940, as amended, is the managing member of GP VI. By virtue of such relationships, GP VI and OrbiMed Advisors may be deemed to have voting and investment power with respect to the securities held by OPI VI. OrbiMed Advisors exercises this investment and voting power through a management committee comprised of Carl L. Gordon, Sven H. Borho, and W. Carter Neild, each of whom disclaims beneficial ownership of the Shares held by OPI VI.

2. This report on Form 4 is jointly filed by OrbiMed Advisors and GP VI. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities Exchange Act of 1943, as amended (the "Exchange Act"), except to the extent of its pecuniary interest therein, if any. This report shall not be deemed an admission that any of the Reporting Persons is a beneficial owner of such securities for purposes of Section 16 of the Exchange Act, or for any other purpose.

/s/ Carl L. Gordon, Member of 04/26/2024 OrbiMed Advisors LLC /s/ Carl L. Gordon, Member of OrbiMed Capital GP VI LLC

\*\* 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.