Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average	burden						
Estimated average burden hours per response: 0.							

					or Se	ection 3	30(n) c	of the I	nvestm	ent Co	ompany Act o	1940									
1. Name ar Peyer J		f Reporting Person*									Symbol				ationship k all app	of Report licable)	ting Pe	erson(s) to	Issuer		
<u>Peyer J</u>	ames				1							,		X	Direc	tor	7	X 10%	Owner		
(Last)	`	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/23/2021										Office below	er (give title /)	е	Othe belov	r (specify v)		
1405 RESEARCH BLVD. SUITE 125						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)														ine) X	Form	filed by O	no Do	nortina Da	roon		
ROCKV	ILLE M	D 2	20850											Λ		filed by M					
															Perso		ore tria	an One Ri	eporung		
(City)	(S	tate) (2	Zip)																		
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quirec	d, Dis	sposed of	, or E	Benefic	ially	/ Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acqu Disposed Of (D) (I 5)					and Securiti Benefici Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) oi (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 12/23/2				021		P		11,000	A	\$5.27	27(1) 4,		4,834,286		I ⁽²⁾	See footnote					
		Tal	ble II								oosed of, convertib				Owne	d					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownersh Form: Direct (D or Indired (I) (Instr.	Benefi Owner ct (Instr.					
			Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares										

Explanation of Responses:

- 1. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.20 to \$5.30, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the
- 2. These shares are held by Cambrian Biopharma Inc, a Delaware corporation ("Cambrian"). The Reporting Person is the Chief Executive Officer of Cambrian and in such capacity may direct the voting and disposition of the shares held by Cambrian, subject in certain instances to the approval of Cambrian's Board of Directors. Mr. Peyer disclaims beneficial ownership of such shares

/s/ Erin Hoffert, Attorney-in-

Fact

** Signature of Reporting Person Date

12/23/2021

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.