FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

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

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

Name and Address of Reporting Person* Mainalf: Nulla																5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Mainolfi Nello</u>						=-y								>	Directo	r		10% Ov	vner			
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/03/2023)	below)	(give title		Other (s	specify			
C/O KY	MERA TH	ERAPEUTICS, 1	INC.													Ci	nief Exec	utive	Officer			
200 ARS	SENAL YA	RDS BLVD., SU	JITE 230		4. 1	4. If Amendment, Date of Original Filed (Month/l									6. Individual or Joint/Group Filing (Check Applica Line)							
(Street)															3	X Form filed by One Reporting Person						
WATER	TOWN M	IA	02472											Form filed by More than One Reporting Person								
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication									1	,												
Check this box to indicate that a transaction was made satisfy the affirmative defense conditions of Rule 10b5-															n or written	plan th	at is intended	d to				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date				2. Tran: Date (Month			2A. Deemed Execution Date, if any (Month/Day/Year)		·, [Code (Instr.					4 and Securitie Benefici Owned F		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	nount (A) or Pi		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 11/03						3/2023			M		2,368	2,368 A S		\$2.08	588,938			D				
Common Stock 11/0				3/202	3/2023			M		17,632 A S		\$2.08	606,570			D						
		-	Table II -									sed of, onvertil				Owned						
1. Title of Derivative Conversion or Exercise (Instr. 3) Price of Derivative Security 1. Title of Derivative Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)				Date,	4. Transaction Code (Instr. 3)		5. Number of		6. Date Exercisab Expiration Date (Month/Day/Year)		of Securities			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)				
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	Amo or Num of Sha	nber							
Stock Option (Right to Buy)	\$2.08	11/03/2023			M			2,368		(1)	0	5/22/2029	Common Stock	2,3	868	\$0.00	0		D			
Stock Option (Right to Buy)	\$2.08	11/03/2023			M			17,632		(2)	1	1/13/2029	Common Stock	17,	632	\$0.00	528,97	2	D			

Explanation of Responses:

- 1. The shares underlying this stock option vest in forty-eight (48) equal monthly installments following the vesting commencement date of February 7, 2019, subject to the reporting person's continued employment through each vesting date.
- 2. The shares underlying this stock option vest in forty-eight (48) equal monthly installments following the vesting commencement date of November 14, 2019, subject to the reporting person's continued employment through each vesting date.

/s/ Bruce N. Jacobs, as Attorney-in-Fact

11/06/2023

** Signature of Reporting Person

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.