(Street)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

		Reporting Person*									g Symbol S, <u>Inc.</u> [PF	HAT]			elationship eck all app Direc	licable) tor	X	10% (Owner
		rst) (N ALTHCARE PAI ET, SUITE 3200	Middle)		06/1	12/20)20			`	h/Day/Year)	.04			belov			below	,
(Street) SEATTI	LE W.	A 9	8101		4. If	Amen	idment,	Date	of Origii	nal Fili	ed (Month/Day	y/Year _,)	Line	e) Form	filed by O	ne Repo	orting Per	
(City)	(St	-	Zip)																
1. Title of	Security (Ins		I - No	2. Transaction Date (Month/Day/	on	2A. E Exec if any	Deemed oution D	ate,	3. Transa Code (ction	4. Securities Disposed Of 5)	Acquir	ed (A)	or	5. Amou Securitie Benefici	ınt of es	6. Own Form: I (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) c (D)	Pr	ice	Reporte Transac (Instr. 3	d tion(s)			(Instr. 4)
Common	Stock			06/12/20	20				J ⁽¹⁾		1,456,854	D	\$	0.00	5,82	7,415	D	(2)	
Common	Stock														1	(3)]		See footnote ⁽⁴⁾
Common	Stock														12,5	596 ⁽³⁾]		See footnote ⁽⁵⁾
Common	Stock														3,9	12(3)]	· .	See footnote ⁽⁶⁾
Common	Stock														14,9	937(3)]		See footnote ⁽⁷⁾
		Tal	ble II								oosed of, o				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, :h/Day/Year)	4. Trans Code 8)		of Deri Secu Acqu (A) o Disp of (D	osed 0) tr. 3, 4	6. Dat Expira (Mont	ation D		7. Titl Amou Secui Under Derive Secui 3 and	int of rities rlying ative rity (In:		3. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e (C s F ully (C	LO. Dwnershi Form: Direct (D) or Indirec I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amo or Num of Share	ber					
		Reporting Person*																	
	AZIER HEA	(First) ALTHCARE PAI ET, SUITE 3200		Middle)															
(Street) SEATTI	.E	WA	98	8101															
(City)		(State)	(Z	lip)															
	nd Address of S IX, L.P	Reporting Person*																	
	AZIER HEA	(First) ALTHCARE PAI ET, SUITE 3200		Middle)															

SEATTLE	WA	98101							
(City)	(State)	(Zip)							
1. Name and Addre	ess of Reporting Pe L.L.C.	rson*							
(Last)	(First)	(Middle)							
C/O FRAZIER HEALTHCARE PARTNERS 601 UNION STREET, SUITE 3200									
(Street) SEATTLE	WA	98101							
(City)	(State)	(Zip)							
Name and Address of Reporting Person* Topper James N									
(Last) (First) (Middle) C/O FRAZIER HEALTHCARE PARTNERS 601 UNION STREET, SUITE 3200									
(Street) SEATTLE	WA	98101							
(City)	(State)	(Zip)							
1. Name and Addro	ess of Reporting Pe $rac{k\ J}{}$	rson*							
(Last)	(First)	(Middle)							
C/O FRAZIER HEALTHCARE PARTNERS 601 UNION STREET, SUITE 3200									
(Street) SEATTLE	WA	98101							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. Represents a pro rata distribution in-kind by Frazier Life Sciences IX, L.P. ("FLS IX") to its limited partners for no consideration.
- 2. Represents shares held of record by FLS IX. The general partner of FLS IX is FHMLS IX, L.P., and the general partner of FHMLS IX, L.P. is FHMLS IX, L.L.C. James Topper and Patrick Heron are the sole managing members of FHMLS IX, L.L.C. and share voting and investment power of the securities held by FLS IX. Dr. Topper and Mr. Heron disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.
- ${\it 3. Reflects shares of Common Stock received in the distribution in-kind described herein.}\\$
- 4. Represents shares held of record by FHMLS IX, L.L.C. James Topper and Patrick Heron are the sole managing members of FHMLS IX, L.L.C. and share voting and investment power of the securities held by FLS IX. Dr. Topper and Mr. Heron disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein. These shares were previously held through FLS IX.
- $5. \ Represents \ shares \ held \ directly \ by \ Dr. \ Topper. \ These \ shares \ were \ previously \ held \ through \ FLS \ IX.$
- 6. Represents shares held of record by Topper Group III LLC. Dr. Topper is a manager of Topper Group III LLC and has voting and investment power of the securities held by Topper Group III LLC. These shares were previously held through FLS IX.
- 7. Represents shares held by The Heron Living Trust 11/30/2004. Mr. Heron is the co-trustee of The Heron Living Trust 11/30/2004 and has voting and investment power of the securities held by The Heron Living Trust 11/30/2004. These shares were previously held through FLS IX.

Remarks:

Frazier Life Sciences IX, L.P., By: FHMLS IX, L.P., its general partner, By: FHMLS 06/16/2020 IX, L.L.C., its general, partner, By: /s/ Steve R. Bailey, Chief Financial Officer FHMLS IX, L.P., By: FHMLS IX, L.L.C., its general partner, 06/16/2020 By: /s/ Steve R. Bailey, Chief Financial Officer FHMLS IX, L.L.C., By: /s/ Steve R. Bailey, Chief 06/16/2020 Financial Officer /s/ Steve R. Bailey, Attorney-06/16/2020 in-Fact for James Topper /s/ Steve R. Bailey, Attorney-06/16/2020 in-Fact for Patrick Heron ** 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.