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BOSTON MA 02116 Life Torm tiled by Most than One Reporting Person Cohy (State) (Zp) Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 5. Anount (D) 5. Anount (D) 5. Anount (D) (D) </td <td>· /</td> <td>`</td> <td>, (</td> <td> ,</td> <td></td> <td></td> <td></td> <td>Fransacti</td> <td>ion (M</td> <td>onth/Day/Year)</td> <td>)</td> <td></td> <td colspan="3"></td> <td></td>	· /	`	, (,				Fransacti	ion (M	onth/Day/Year))							
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(City)	(State)	(Zip)
1. Name and Addr Shah Rajeev	ess of Reporting Pers 7 M.	son*
1	(First) FAL MANAGEM EY STREET, 18TI	
(Street) BOSTON	МА	02116
(City)	(State)	(Zip)

Explanation of Responses:

1. These securities are held directly by the RA Capital Healthcare Fund, L.P. (the "Fund").

2. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund, RA Capital Nexus Fund, L.P. (the "Nexus Fund"), and a separately managed account (the "Account"). 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.

3. These securities are held directly by the Nexus Fund.

4. These securities are held directly by the Account.

Remarks:

Jake Simson, a Partner of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P.	<u>11/13/2024</u>
/s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC the General Partner of RA Capital Healthcare Fund, L.P.	<u>11/13/2024</u>
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Nexus Fund <u>GP, LLC the General Partner</u> of RA Capital Nexus Fund, <u>L.P.</u>	<u>11/13/2024</u>
/s/ Peter Kolchinsky, individually	<u>11/13/2024</u>
/s/ Rajeev Shah, individually	<u>11/13/2024</u>
** 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.