## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
wasinington,	D.C.	20040

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APP	OMB APPROVAL								
OMB Number:	3235-0287								
Estimated average b	urden								
hours per respense:	0.5								

						or Sect	ion 30(n) (	or the	investment	Con	ipany Act	01 1940								
1. Name and Address of Reporting Person* ADELMAN BURT A					2. Issuer Name <b>and</b> Ticker or Trading Symbol Verve Therapeutics, Inc. [ VERV ]								(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ADDEMINI DORT A					$\vdash$								-	☑ Director			10% Ow	/ner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/26/2024									Officer ( below)	(give title		Other (s below)	pecify	
C/O VERVE THERAPEUTICS, INC. 201 BROOKLINE AVENUE, SUITE 601				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person								
(Street) BOSTON MA 02215													Form filed by More than One Reporting Person							
					_ R	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)			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.														
		Та	ble I - Non	n-Deri	ivativ	ve Se	curities	s Ac	quired, I	Disp	osed o	f, or I	3ene	ficially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Disposed Of (D) Code (Instr.			ties Acquired (A) I Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A	() or ()	Price	Transacti (Instr. 3 a	tion(s)			115(1. 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
			Transa Code (	ansaction Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
	Code V		(A)	(D)	Date Exercisable		xpiration ate	Title	OI N	mount r umber f Shares	- Irans. (Instr.									

## **Explanation of Responses:**

\$5.02

Stock Option (right to

1. This stock option was issued pursuant to the 2021 Stock Incentive Plan of Verve Therapeutics, Inc. in accordance with its director compensation program. The vesting commencement date (the "Vesting Commencement Date") of the options is the grant date. All of the shares of common stock underlying the option vest upon the earlier of the one-year anniversary of the Vesting Commencement Date or immediately prior to the first annual meeting of stockholders occurring after the grant date, in each case subject to the Reporting Person's continued service as a director.

(1)

06/25/2034

/s/ Andrew Ashe, as Attorneyin-Fact for Burt A Adelman

136,139

06/28/2024

136,139

D

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/26/2024

\*\* 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.