FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-02								
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

1. Name and Address of Reporting Person* Wellington Biomedical Innovation Master Investors (Cayman) I L.P. (Last) (First) (Middle) C/O WELLINGTON MANAGEMENT COMPANY						2. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [VERV] 3. Date of Earliest Transaction (Month/Day/Year) 06/21/2021								elationship of Reporting Person(s) to Issuer eck all applicable) Director X 10% Owner Officer (give title below) Other (specify below)					
LLP 280 CONGRESS STREET				-	4. If Amandment Date of Osisinal Filed (Manth/DayA/s-s)								6 Individual or Isiat/Croup Filips (Chook April - 1)						
(Street) BOSTON MA 02210 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
		7	able I - Non-	Deriva	tive S	Secu	urities Ac	quired,	Dis	posed o	f, or Be	neficia	ally O	wned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/					2A. Deemed Execution Day/Year) if any (Month/Day			Date, Transaction Code (Instr.					and 5) Securities Beneficiall Owned Fo		,	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	Amount (A) or (D)		се	Reported Transaction (Instr. 3 and				(Instr. 4)		
Common Stock 06/2				06/21/2	1/2021		С		1,343,081 A		1	(1)	1,343,081		D				
Common Stock 06/2			06/21/2	1/2021		С		1,152,490 A		1	(2)	2,495,571		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	of 2. 3. Transaction 3A. Deemed Execution Date, or Exercise (Month/Day/Year) if any Code		Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ring /	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amoun Number Shares	rof		(Instr. 4)	ion(s)			
Series A-2 Preferred Stock	(1)	06/21/2021		С			12,436,264	(1)		(1)	Common Stock	1,343,	,081	(1)	0		D		
Series B Preferred Stock	(2)	06/21/2021		С			10,671,482	(2)		(2)	Common Stock	1,152,	,490	(2)	0		D		

Explanation of Responses:

- 1. The Series A-2 Preferred Stock converted into shares of the Issuer's common stock, \$0.001 par value, on an approximately 9.2595:1 basis automatically immediately prior to the closing of the Issuer's initial public offering. The Series A-2 Preferred Stock had no expiration date.
- 2. The Series B Preferred Stock converted into shares of the Issuer's common stock, \$0.001 par value, on an approximately 9.2595:1 basis automatically immediately prior to the closing of the Issuer's initial public offering. The Series B Preferred Stock had no expiration date.

Remarks:

/s/ Wellington Biomedical Innovation Master Investors (Cayman) I L.P., By: Wellington 06/22/2021 Management Company LLP, as Investment Adviser, /s/ Peter McIsaac, Title: Authorized Person

** 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.