SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] Broad Institute, Inc.	2. Date of Event Requiring Statement (Month/Day/Year) 06/16/2021 3. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [VERV]								
(Last) (First) (Middle) 415 MAIN STREET (Street)		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	g Person(s) 10% O Other (below)	wner 6. specify (C	ed (Month/Day Individual or Jo heck Applicable	, hint/Group Filing			
CAMBRIDGE MA 02142						by More than One Person			
(City) (State) (Zip)									
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: D (D) or Ir	3. Ownership Form: Direct (D) or Indirect I) (Instr. 5)						
Common Stock	421,954	E	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable a Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			6. Nature of Indirect Beneficial Ownership (Instr. 5)			
Explanation of Responses:	Date Expira Exercisable Date	ion Title	Amount Derivativ or Security Number of Shares						

Remarks:

's/	Jo	hn	Tra	<u>via</u> ,	Asst.

06/16/2021

Date

** 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 5 (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.

Treasurer