## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washingto

n, D.C. 20549		OMB
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	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average b	urden							
1	hours nor reenence:	0.5							

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

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

Name and Address of Reporting Person*     MacLean Michael F				2. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [ VERV ]								ck all applica	,		on(s) to Issuer 10% Owner		
(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.				If Amendment, Date of Original Filed (Month/Day/Year)						6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
201 BROOKLINE AVENUE, SUITE 601										Line	Line)  Form filed by One Reporting Person						
(Street) BOSTON MA 02215												Form filed by More than One Reporting Person					
BOSTON WA 02213					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 of the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								or written pl	lan that	is intended to	satisfy	
		Та	ble I - Non	-Deriva	tive S	ecuritie	s Acc	quired, [	Disp	osed c	f, or Be	neficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			Execution Date,		Code (Instr.			Beneficia Owned Fo	s lly ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) o	r Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Coc	nsaction le (Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	le V	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)			
Stock Option (right to buy)	\$5.02	06/26/2024		A		136,139		(1)	06	6/25/2034	Common Stock	136,139	\$0	136,13	39	D	

## **Explanation of Responses:**

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.

> /s/ Andrew Ashe, as Attorneyin-Fact for Michael F MacLean

06/28/2024

\*\* 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.