FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DC	20549	
vasiliigion,	D.C.	20349	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number: 3235-02											
Estimated average burden											
hours per response.	0.5										

Section 16. F	ox if no longer subject or a form 4 or Form 5 ay continue. See b).	to STA	I pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							Es	MB Number: stimated average bur ours per response:	3235-0287 den 0.5		
Name and Address of Reporting Person* Cumbo Alexander			2. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [VERV]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Officer (give ti below)	itle Other (specify below)		
C/O VERVE THERAPEUTICS, INC. 201 BROOKLINE AVENUE, SUITE 601			4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	1 '				
(Street) BOSTON MA 02215				Dule	10bE 1(a)	Tropo	ooti	on Indian	tion		Person	More than One Re	porting	
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication 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.									
		Table I - No	n-Deriva	tive S	ecurities Acq	uired,	Disp	osed of, o	r Ben	eficially	Owned			
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	Execution Date, Transaction Dispos		4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)			5. Amount of Securities Beneficially Owned Followin Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(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)	4. Transac Code (li 8)		5. Numl of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ive ies ed	Expiration D	Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$19.84	06/15/2023		A		26,642		(1)	06/14/2033	Common Stock	26,642	\$0.00	26,642	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.

Remarks:

/s/ Andrew Ashe, Attorney-in-Fact For Alexander Cumbo

06/20/2023

** 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.