(Street) **BOSTON**

MA

02116

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Footnotes⁽²⁾⁽⁵⁾

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligation Instruction	ns may continuon 1(b).	ue. See			Filed p	ursua	ant to S	ection 16	(a) of the	Secu	ırities Excha	nae Act of	1934		h	ours per r	esponse:		0.5
1. Name an	d Address of	Reporting Person*			2	or Se	ection 3 er Nan	ne and Tic	ker or Ti	nent (Company Ac			5. Relationship (Check all appl		rting Per	son(s) to	Issuer	
Cormor	ant Asset	Managemen	<u>t, LP</u>		1	<u>/erv</u>	<u>e 111</u>	<u>erapeu</u>	<u>11CS, 11</u>	<u>IC.</u> [VERV]			Direct	,	itlo	0+	% Owner her (specify	i.
(Last) 200 CLA	,	irst) STREET, 52ND	(Middle) FLOOR				e of Ea /2021	rliest Tran	saction (Month	n/Day/Year)			below	1)	er 10%	^ be	low)	у
(Street) BOSTON MA 02116				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
(City)	(S	tate)	(Zip)		_									X Form	filed by	More tha	ın One R	eporting Pe	erson
		Ta	able I - N	lon-De	rivat	ive \$	Secu	rities A	cquire	d, D	isposed	of, or B	enefici	ally Owned					
1. Title of S	ecurity (Inst	r. 3)		2. Trans Date (Month/		ar) i	if any	emed on Date, Day/Year)	3. Transa Code (8)		4. Securitie Disposed (5. Amount of Securities Beneficially Owned Foll Reported	,	6. Owner Form: D (D) or Ir (I) (Insti	Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 and	n(s) i 4)				
Common	Stock			06/2	1/202	1			С		709,224	4 A	(1)	709,2	24]	[See Footnote	es ⁽²⁾⁽³⁾
Common	Stock			06/2	1/202	1			P		275,000) A	\$19	984,2	24]	I	See Footnote	es ⁽²⁾⁽⁴⁾
			Table I								sposed of , convert			ly Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (8)	action (Instr.	Deri Sec Acq or D	umber of vative urities uired (A) visposed D) (Instr. and 5)	6. Date Expirat (Month	ion Da	isable and ate 'ear)	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Num derivat Securit Benefic Owned Follow Report	tive ties cially I ing	10. Owners Form: Direct (I or Indire (I) (Instr	hip Indire Benef O) Owne ect (Instr.	ficial ership
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Share		Transa (Instr. 4	ction(s) 4)			
Series B Convertible Preferred Stock	(1)	06/21/2021			С			709,224	(1)		(1)	Common Stock	709,22	4 (1)		0	I	See Footn	notes ⁽²⁾⁽
1. Name an		Reporting Person* Managemen	t. LP					<u> </u>	<u> </u>			<u> </u>	<u> </u>						
							-												
(Last) 200 CLA	RENDON	(First) STREET, 52ND		ddle)															
(Street) BOSTON	Г	MA	021	116															
(City)		(State)	(Zip))															
1. Name an Chen B		Reporting Person*																	
		(First) ASSET MANA STREET, 52ND	GEMEN	ddle) T, LLC															
(Street) BOSTON		MA	021	116			-												
(City)		(State)	(Zip)															
ı		Reporting Person*	Master	Fund,	LP														
(Last)	RENDON :	(First) STREET, 52ND		ddle)															

(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* <u>Cormorant Private Healthcare Fund III LP</u>								
(Last) (First) (Middle) 200 CLARENDON STREET, 52ND FLOOR								
(Street) BOSTON	MA	02116						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Shares of Series B Convertible Preferred Stock were convertible at any time at the holder's election, without payment of additional consideration. Such shares had no expiration date but converted into Common Stock automatically upon the closing of the Issuer's initial public offering.
- 2. Shares reported herein are held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), Cormorant Private Healthcare Fund III, LP (the "Fund III"), and a managed account (the "Account"). Cormorant Asset Management, LP ("Cormorant") serves as the investment manager of the Master Fund, Fund III, and the Account. Bihua Chen serves as manager of the general partner of Cormorant. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 4 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.
- 3. Represents (i) 150,710 shares of Common Stock held by the Master Fund, (ii) 547,663 shares of Common Stock held by Fund III, and (iii) 10,851 shares of Common Stock held by the Account.
- 4. Shares reported herein as purchased on June 21, 2021 represent (i) 275,000 shares purchased by the Master Fund.
- 5. The Series B Convertible Preferred Stock represented, on an as-converted basis, (i) 150,710 shares of Common Stock held by the Master Fund, (ii) 547,663 shares of Common Stock held by Fund III, and (iii) 10,851 shares of Common Stock held by the Account.

HEALTHCARE MASTER FUND, LP, By: Cormorant 06/23/2021 Global Healthcare GP, LLC, its General Partner, By: Bihua Chen, Managing Member /s/ CORMORANT ASSET MANAGEMENT, LP, By: Cormorant Asset Management 06/23/2021 GP, LLC, its General Partner By: Bihua Chen, Managing Member /s/ Bihua Chen 06/23/2021 /s/ CORMORANT PRIVATE HEALTHCARE FUND III, LP By: Cormorant Private 06/23/2021 Healthcare GP III, LLC, its General Partner By: Bihua Chen, Managing Member ** Signature of Reporting Person

/s/ CORMORANT GLOBAL

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.