(City)

(State)

1. Name and Address of Reporting Person*

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0104

OMB Number: Estimated average burden

hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

			6(a) of the Securities Exchar the Investment Company Act		1934				
1. Name and Address of Reporting Person* <u>GV 2023 GP, L.L.C.</u>	2. Date of Event Requiring Statement (Month/Day/Year) 12/01/2023		3. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [VERV]						
(Last) (First) (Middle) 1600 AMPHITHEATRE PARKWAY			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) MOUNTAIN CA 94043			Officer (give X Other (specify title below) Member of 10% Group			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person			
(City) (State) (Zip)									
Ti	able I - Non	-Derivati	ve Securities Benefic	cially O	wned				
1. Title of Security (Instr. 4)		-	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [m: Direct Ow or Indirect		. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			1,800,000		I	By 0	GV 2023, L.	P. ⁽¹⁾	
(e.g			Securities Beneficiants, options, convert			;)			
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative		Direct (D) or Indirect (I) (Instr. 5)	5)	
1. Name and Address of Reporting Person* GV 2023 GP, L.L.C.									
(Last) (First) (Mi 1600 AMPHITHEATRE PARKWAY	ddle)								
(Street) MOUNTAIN VIEW CA 940	043								
(City) (State) (Zip)	_							
1. Name and Address of Reporting Person* <u>GV 2023 GP, L.P.</u>									
(Last) (First) (Mi 1600 AMPHITHEATRE PARKWAY	ddle)								
(Street) MOUNTAIN VIEW CA 940	043								

<u>GV 2023, L.</u>	<u>P.</u>		
(Last)	(First)	(Middle)	
1600 AMPHIT	HEATRE PA	RKWAY	
(Street)			_
MOUNTAIN VIEW	CA	94043	
(City)	(State)	(Zip)	
1. Name and Address Alphabet Inc.	•	g Person [*]	
(Last)	(First)	(Middle)	_
1600 AMPHIT	HEATRE PA	RKWAY	
(Street)			_
MOUNTAIN VIEW	CA	94043	
(City)	(State)	(Zip)	

Explanation of Responses:

1. The securities reported in this row are directly beneficially owned by GV 2023, L.P. (the "Partnership"). GV 2023 GP, L.P. (the "GP") is the general partner of the Partnership. GV 2023 GP, L.L.C. ("GV 2023 LLC") is the general partner of the GP. Alphabet Holdings LLC ("Alphabet Holdings") is the sole member of GV 2023 LLC. XXVI Holdings Inc. ("XXVI") is the sole member of Alphabet Holdings. Alphabet Inc. is the controlling stockholder of XXVI. Each of the GP, GV 2023 LLC, Alphabet Holdings, XXVI and Alphabet Inc. may be deemed to indirectly beneficially own (as that term is defined in Rule 13d-3 of the Securities Exchange Act of 1934, as amended) the securities directly beneficially owned by the Partnership. Each of the GP, GV 2023 LLC, Alphabet Holdings, XXVI, and Alphabet Inc. disclaims beneficial ownership of such securities except to the extent of its pecuniary interest therein.

Remarks:

/s/ Inga Goldbard, General	
Counsel of GV 2023 GP,	12/05/2023
<u>L.L.C.</u>	
/s/ Inga Goldbard, General	
Counsel of GV 2023 GP,	12/05/2023
<u>L.P.</u>	
/s/ Inga Goldbard, General Counsel of GV 2023, L.P.	12/05/2023
Counsel of GV 2023, L.P.	12/03/2023
/s/ Inga Goldbard,	
Attorney-in-Fact for	12/05/2023
Alphabet Inc.	
** Signature of Reporting	Date
Person	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).