SEC Form 4		) STATE								SION				
FORM 4	JJIAIE	TES SECURITIES AND EXCHANGE COM Washington, D.C. 20549								OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Filed pu	A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940							ERSHIP OMB Number: 3235-026 Estimated average burden hours per response: 0					
1. Name and Address of Reporting Person <u>MacLean Michael F</u> (Last) (First)	* (Middle)	<u>V</u> 3.	Issuer Name and Verve Therape Date of Earliest Tr 6/15/2023	eutic	<u>s, Inc</u>	. [ V	ERV ]			ationship of Repo k all applicable) Director Officer (give tit below)	ting Person(s) to I 10% C e Other below	Owner (specify		
C/O VERVE THERAPEUTICS, INC. 201 BROOKLINE AVENUE, SUITE 601 (Street) BOSTON MA 02215			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	אן [	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.												
Tab	le I - Nor	n-Derivativ	ve Securities /	Acqu	uired, I	Disp	osed of, o	r Bene	eficially	Owned				
Date		2. Transaction Date (Month/Day/Y	Execution Date,		3. Transac Code (Ir 8) Code		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a 5) Amount (A) or Pric			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						-		(D)		(Instr. 3 and 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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 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			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-06/20/2023 Fact For Michael MacLean

\*\* Signature of Reporting Person Date

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

 $\ast$  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.