SEC Form 4															
FORM 4		UNITE	UNITED STATES SECURITIES AND EXCHANGE COMMISSION 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 pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								P OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person [*] Mikhail Sheila				2. Issuer Name and Ticker or Trading Symbol Verve Therapeutics, Inc. [VERV]						(Checl	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 title Other (speci below) below)			(specify	
C/O VERVE THERAPEUTICS, INC. 201 BROOKLINE AVENUE, SUITE 601				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line) X	, ,				
(Street) BOSTON	02215	02215								Form filed by More than One Reporting Person					
(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-Derivat	tive S	ecurities Acq	uired,	Disp	osed of, o	r Ben	eficially	Owned				
Date			2. Transact Date (Month/Day		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Follow	For (D)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported 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) 6. Date Exercisable and Expiration Date 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date 11. Nature 5. Number 7. Title and 8. Price of Derivative 9. Number of 10. Transaction Conversion ٨f Amount of derivative Ownership of Indirect Security (Instr. 3) or Exercise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) Derivative (Month/Day/Year) Securities Security (Instr. 5) Securities Beneficially Form: Direct (D) Beneficial Underlying Derivative Security Ownership Price of Securities Acquired Derivative Owned or Indirect (Instr. 4) Following (A) or Disposed (Instr. 3 and 4) (I) (Instr. 4) Security Reported of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount or Number Date Exercisable Expiration Date Code v (A) (D) Title Shares Stock Option (right to Commor Stock \$19.84 06/15/2023 A 26,642 (1) 06/14/2033 26,642 \$0.00 26,642 D buy)

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:



** 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.