SEC For	rm 4																			
FORM 4 UNITED				ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL			
Check transac contrac the pur securit to satis conditi	n 16. Form 4 or ions may contir tion 1(b). this box to indi- ction was made ct, instruction or chase or sale of	nue. See cate that a pursuant to a r written plan for of equity r that is intended we defense	STAT			-		_	ES IN BI			-		RS	HIP	Estim		er: verage burde sponse:	3235-0287 n 0.5	
1. Name and Address of Reporting Person [*] Dittman Jennifer					2. Issuer Name and Ticker or Trading Symbol <u>Third Harmonic Bio, Inc.</u> [THRD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last)(First)(Middle)C/O THIRD HARMONIC BIO, INC.1700 MONTGOMERY STREET, SUITE 210					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025									Chief Operating Officer						
(Street) SAN FRANCISCO CA 94111				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	,	(Zip)	Doriv	<u>(ative</u>	0.50	ouritio		auirod D	ion	acad a	f or Po	nofic		. Owned	1				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D)					action	n 2 ear) i	A. Deemed xecution Date, any Month/Day/Year		, 3. Transacti Code (Ins	ion str.	4. Securi	ties Acquired (A) or d Of (D) (Instr. 3, 4 ar (A) or (D) Price		or and	5. Amour Securitie Beneficia	nt of 6. Ov es Form ally (D) o Following d tion(s)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Table II - I	Deriva (e.q., p	tive outs.	Secu calls	urities s. warr	Acq ants	uired, Dis s, options	spo . co	sed of, onvertil	or Ben ble secu	eficia uritie	ally s)	Owned					
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		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ount	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)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber						
Employee Stock Option (right to buy)	\$6	01/15/2025			A ⁽¹⁾		92,000		(2)	01	1/14/2035	Common Stock	92,0	000	\$ 0	92,00	0	D		
Restricted Stock Unit	(3)	01/15/2025			A ⁽¹⁾		11,500		(4)	Γ	(4)	Common Stock	11,5	500	\$ <mark>0</mark>	11,50	0	D		

Explanation of Responses:

1. The equity awards of the Reporting Person in this Form 4 were approved on December 17, 2024 by the board of directors as part of the annual refresh equity grant process of the registrant with an effective grant date of January 15, 2025

2. The option vests over a four-year period: 2.0833% shall vest on February 15, 2025, after which 2.0833% of the total shares vest monthly, subject to contioued service through each vestiog date.

3. Each restricted stock unit ("RSU") represents a contingent right to receive 1 share of the Issuer's Common Stock upon settlement for no consideration.

4. The RSU vests over a four-year period: 1/4 on Febuary 15, 2026, after which 1/4 of the total shares vest annually, subject to contioued service through each vestiog date.

/s/ Natalie Holles, Attorney-in- Fact	01/17/2025			
** 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.