## FORM 4

## UNI.

Washington, D.C. 20549

IED STATES SECO	KIIIES	AND EXCHANGE	COMMISSION

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OMB Number:	3235-0287						
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to exist, the officeative ald force to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name ar		Reporting Person*						ker or Tradii Bio, Inc					Check	all application	able)	g Perso	on(s) to Issu 10% Ow Other (s	ner
(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								below) below)  CHIEF ADMINISTRATIVE OFFICER					
(Street) SAN FRANCI			94111		4. If Ame	endment, [	Oate o	of Original F	iled (	Month/Da	ny/Year)		i. Indiv ine)	Form fil	ed by One	Repo	(Check App rting Person One Report	
(City)	(5	tate)	ble I - Non-l	Deriva	tive Se	ecurities	s Ac	auired l	Dist	nosed o	of, or Be	neficia	ally (	Owned				
1. Title of Security (Instr. 3)			2. Transac Date			3. Transac	3. Transaction Code (Instr. )  4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)			ed (A) or	or 5. Amoun		s Form (D) or ollowing (I) (In:		r Indirect E str. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)		
								Code V Amount (A) or (D)			r Price	е	Transacti (Instr. 3 a	ction(s)			150. 4)	
			Table II - Do					uired, Di						wned				
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/Yea	Cod	5. Number of Derivative Securities (N		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amou of Securities Underlying Derivative Secur (Instr. 3 and 4)			ies g Security	Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	e V	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shar	r		(Instr. 4)	on(s)		
Employee Stock Option (right to buy)	\$6	01/15/2025		A <sup>(1)</sup>	)	100,000		(2)	0	1/14/2035	Common Stock	100,0	00	\$0	100,00	)0	D	
Restricted Stock Unit	(3)	01/15/2025		<b>A</b> <sup>(1)</sup>	)	12,500		(4)		(4)	Common Stock	12,50	00	\$0	12,50	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/ Julie Person 01/17/2025

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.