FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 | |
|-------------|----|-------|--|

| STATEMENT | OF | CHANGES | IN I | BENEFICIA | ۱L | OWNERSHIP |
|-----------|----|----------------|------|-----------|----|------------------|
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| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response. | 0.5 | | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>Holles Natalie C.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol Third Harmonic Bio, Inc. [THRD] | | | | | | | ck all applica | able) | Person(s) to Iss 10% C | | |
|--|---------|------------------------|---------------|---------------------------------------|---|--|--|---------------------|---|-----------------|---|--|--|--|------------|--|
| (Last) | , | irst) ONIC BIO, INC | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/05/2024 | | | | | | X | Officer (below) | give title | below) | specify | |
| 1700 MONTGOMERY STREET, SUITE 210 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN FRANCI | ISCO C. | A | 94111 | | | | | | | | У | - | • | Reporting Person | | |
| (City) | (S | tate) | (Zip) | R [| 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. | | | | | | | | to satisfy | | | |
| | | Та | ble I - Non-D | Derivati | ve Se | curities | s Ac | quired, Di | sposed o | of, or Be | neficially | Owned | | | | |
| | | | Da | Transaction ate Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Code (Instr. | | | Beneficia Owned Fo | s lly ollowing | orm: Direct I D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) o (D) | r Price | Reported Transacti (Instr. 3 a | on(s) | | (Instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | Execution Date, | Code (Instr. | | Derivative E | | 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 derivative Securities Beneficiall Owned Following Reported Transactio | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | ,,,(5) | | |
| Employee Option Grant (right to buy) | \$10.89 | 01/05/2024 | | A | | 396,000 | | (1) | 01/04/2034 | Common Stock | 396,000 | \$0.00 | 396,000 | 0 D | | |

Explanation of Responses:

1. The option vests over a four-year period: 1/48th on February 5, 2024, after which 1/48th of the total shares vest monthly, subject to continued service through each vesting date.

Remarks:

/s/ Julie Person, Attorney-in-

Fact

** Signature of Reporting Person Date

01/09/2024

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.