(Street)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Instruc	tion 1(b).			Filed	l purs	uant to S	Section	on 16((a) of th	e Sec	urities Exc	hang	je Act d	of 1934				p 0		
					or	Section (30(h)	of the	e Inves	tment	Company	Act o	of 1940				(5)			
	nd Address of Fund V,	Reporting Person'									ng Symbo MORF					ationsnip k all app	o of Reportir licable)	ng Pe	erson(s) to I	ssuer
Onlega	<u>runu v,</u>	<u>L.P.</u>							_0/_						X				10% O	
(Last)	(Fi	rst) (Middl	le)				Date of Earliest Transaction (Month/Day/Year) /19/2021								belov	er (give title v)		Other (below)	specify
888 BO	YLSTON S	TREET, SUITE	1111	1	01	/19/202	21													
					4. 1	f Amend	lment	t, Date	e of Ori	ginal F	iled (Mont	th/Da	ıy/Year) (i. Indiv	vidual o	r Joint/Grou	p Filii	ng (Check A	Applicable
(Street)	NT N	Λ	210	0											ine)	Form	filed by On	e Rei	porting Pers	son
BOSTO	N, M	Α (219	9											X		filed by Mo			
(City)	(St	ate) (Zip)													reisc) i i			
		Table		Non-Deriva	tivo	Soou	ritio	- A	oquir	od D	icnoco	d of	orE	Ponofic	ially	, Own	od.			
1 Title of	Coourity (Inc			2. Transaction	_	2A. Dee		:5 A	3.	eu, L	4. Securit				lally	Т	ount of	6.0	wnership	7. Nature
1. Title of	Security (Ins	ır. 3)		Date (Month/Day/Y		Execution if any		ate,	Transa Code		Disposed	l Of (I	D) (Inst	r. 3, 4 and	15)	Securi Benefi	ties	For	m: Direct or Indirect	of Indirect Beneficia
				(Ju.,	(Month/	Day/Y	(ear)	8)	1							l Following		nstr. 4)	Ownershi (Instr. 4)
									Code	v	Amount		(A) or (D)	Price			ction(s) 3 and 4)			
Common	Stock			01/19/202	21				S ⁽¹⁾		10,732	2	D	\$30.1	(1)(2)	2,8	17,245		D ⁽⁴⁾	
Common	Stock			01/19/202	21				S ⁽¹⁾		6,506	1	D	\$29.95	(1)(3)	2.8	10,739		D ⁽⁴⁾	
Common	- Otock	Т-	la la l				4:	^ -		 Di				<u> </u>				<u> </u>		
		Ia	bie	II - Derivat (e.g., pu												Jwne	a			
1. Title of	2.	3. Transaction		Deemed	4.						xercisable and		7. Title and			rice of	9. Number			11. Natu
Derivative Security	Conversion or Exercise Price of	Date (Month/Day/Year)	ar) if a	ecution Date, ny onth/Day/Year)	Code	saction e (Instr.			e (Mo	iratior nth/Da	i Date iy/Year)		Amou Secui Unde	rities	es Secui		derivative Securities Beneficiall	.	Ownership Form: Direct (D)	of Indire Benefic Owners
(Instr. 3)	Derivative Security			miin/Day/ rear)	8)								Deriva			str. 5)	Owned Following	,	or Indirect	(Instr. 4)
	County							posed	ı				3 and				Reported Transaction	n(s)	(1) (1115111. 4)	
							(Instr. 3 and 5)		4								(Instr. 4)			
								Т						Amount	1					
									Dat	•	Expira	tion		or Number of	-					
					Cod	e V	(A)	(D)		rcisab		uloli	Title	Shares						
ı		Reporting Person	,																	
<u>Omega</u>	Fund V,	<u>L.P.</u>																		
(Last)		(First)		(Middle)																
l		TREET, SUITE		` '																
						_														
(Street)																				
BOSTO	N,	MA		02199																
(City)		(State)		(Zip)																
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	na Address of Fund V	Reporting Person																		
	T dire v					_														
(Last)		(First)		(Middle)																
888 BO	YLSTON S	TREET, SUITE	1111	1																
(Street) BOSTO	N	MA		02199																
						_														
(City)		(State)		(Zip)																
1. Name a	nd Address of	Reporting Person	r			İ														
		GP Manager,		<u>1.</u>																
						-														
(Last)		(First) TREET, SUITE		(Middle)																
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BOSTON	MA	02199						
(City)	(State)	(Zip)						
1. Name and Addr Stampacchia	ess of Reporting Pe a Otello	'son*						
(Last) (First) (Middle) 888 BOYLSTON STREET, SUITE 1111								
(Street) BOSTON	MA	02199						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. Shares were sold pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$29.91 to \$30.56 inclusive. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$29.90 to \$30.10 inclusive. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.
- 4. The reported securities are held directly by Omega Fund V, L.P. ("Omega V"). The reported securities may be deemed to be beneficially owned by each of Omega Fund V GP, L.P. ("Omega V GP"), as the general partner of Omega V, and Omega Fund V GP Manager, Ltd. ("Omega V GP Manager"), as the general partner of Omega V GP. Otello Stampacchia, Anne-Mari Paster and Claudio Nessi (the "Omega Directors") are all the shareholders and directors of Omega V GP Manager and have shared voting and investment power over the shares held by Omega V. Each of Omega V GP, Omega Fund V GP Manager and the Omega Directors disclaims beneficial ownership of the securities reported herein, except to the extent of its or their pecuniary interest therein, if any. Otello Stampacchia is a director of the issuer.

Remarks:

/s/ Anne-Mari Paster, as an authorized signatory of each 01/21/2021 Reporting Person

** 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.