## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*  Lair Bits						2. Issuer Name and Ticker or Trading Symbol ANAPTYSBIO, INC [ ANAB ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Jain Rita					[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [								✓ Director	r	10% Owner		·		
(Last) (First) (Middle) C/O ANAPTYSBIO, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025								Officer (give title Other (specify below)				pecify		
10770 WATERIDGE CIRCLE, SUITE 210					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DIEGO CA 92121													Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriv	ative	Se	curities	s Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owned					
Date				action 2A. Deemed Execution Date if any (Month/Day/Year)		Date,	, Transaction Disposed Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4		Beneficia	es For ially (D) Following (I) (I		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	<u>'</u>	Amount	(A) or (D)	Price	Transact	Transaction(s) Instr. 3 and 4)			(IIIstr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, Ti	ransaction ode (Instr.				6. Date Exer Expiration D (Month/Day/	ate	of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
				c	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$14.83	01/07/2025			A		16,510		(1)	0	1/06/2035	Common Stock	16,510	\$0	16,510	)	D		
Restricted Stock Unit	(2)	01/07/2025			A		6,030		(3)		(3)	Common Stock	6,030	\$0	6,030		D		

## Explanation of Responses:

- 1. The stock option vests as to 1/12 of the total shares monthly commencing on Februray 7, 2025 until fully vested, subject to the Reporting Person's provision of service to the Issuer on each vesting date.
- 2. Each restricted stock award ("RSU") represents a contingent right to receive 1 share of the Issuer's Common Stock upon settlement for no consideration.
- 3. The RSUs vests as to 100% of the total RSUs on the date of the Issuer's 2026 annual meeting of shareholders, subject to the Reporting Person's provision of service to the Issuer on each vesting date.

/s/ Eric Loumeau, Attorney-in-Fact 01/07/2025

\*\* 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.