FORM 4

UNITED STAT

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| TES SECURITIES AND EXCHANGE COMMISS | SION |
|-------------------------------------|------|
|-------------------------------------|------|

| OMB APP | ROVAL |
|---------------------|-----------|
| | |
| OMB Number: | 3235-0287 |
| Estimated average t | ourden |
| 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 exist the office of the instruction of the option.

to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | DAVID | M | | ARD | ELYX, INC. | ARE |)X] | 111001 | | | | able) | , | 10% Ow | ner |
|-------------------------------------------------|-----------------|---------------|----------------|------------------------------------------|-----------------------------|----------------------------------------------|------------|--------------------------------------------------------|----------------|---------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------|--------------------|--------------------------------------------|-------------------------|
| (Last) | (F DELYX, IN | First) | (Middle) | 3. Date 12/26/ | of Earliest Transac 2024 | ction (Mo | onth/D | ay/Year) | | | Officer (below) | give title | | Other (specification) | pecify |
| 400 FIFT | TH AVENU | JE, SUITE 210 | | 4. If Am | endment, Date of 0 | Original | Filed (| Month/Day/Y | Year) | 6. Indi | vidual or Jo | oint/Group | Filing (| Check Appl | icable |
| (Street) WALTH | | AA State) | 02451 (Zip) | _ | | | | | | Z.IIIC) | | , | • | ting Person One Reporti | |
| (- 4) | | | | erivative S | ecurities Acq | uired, | Disp | osed of, | or Bene | ficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date | | | Transaction | action 2A. Deemed Execution Date, | | 3. 4. Securit Transaction Code (Instr. | | rities Acquired (A) or ad Of (D) (Instr. 3, 4 and 5 | | 5. Amount of Securities Beneficially Owned Following | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | onth/Day/Year) | if any | Code (| | | | | Owned F | lly ollowing | (D) or | Indirect E | Beneficial Dwnership |
| | | | | | if any | Code (| | Amount | (A) or (D) | Price | | illy ollowing on(s) | (D) or | Indirect E | Beneficial |
| Common | Stock | | (M | | if any | Code (8) | Instr. | | | Price \$0.55 | Owned For Reported Transacti (Instr. 3 a | illy ollowing on(s) | (D) or (I) (Ins | Indirect E | Beneficial Dwnership |
| | Stock | | Table II - De | onth/Day/Year) 12/26/2024 rivative Sec | if any | Code (8) Code M | v Dispo | Amount 100,000 sed of, o | A or Benefi | \$0.55 | Owned Fr Reported Transacti (Instr. 3 a | olly ollowing on(s) nd 4) | (D) or (I) (Ins | Indirect E str. 4) (| Beneficial Dwnership |

Explanation of Responses:

\$0.55

1. The Reporting Person holds 87,566 shares for the benefit of entities associated with New Enterprise Associates and disclaims beneficial ownership of such shares, except to the extent of his actual pecuniary interest therein

100,000

2. This option vests with respect to 1/12th of the shares subject thereto on each monthly anniversary of the grant date, which vesting will accelerate in full on the date of the next annual stockholder's meeting to the extent unvested as of such date, subject to continued service through each applicable vesting date.

Date

Exercisable

(2)

Remarks:

Stock Option

Buy)

(Right to

/s/ Elizabeth Grammer,

Amount

Number

of Shares

100,000

12/27/2024 Attorney-in-Fact for David

\$<mark>0</mark>

(Instr. 4)

D

Mott

Expiration Date

06/15/2032

Title

Stock

** 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).

12/26/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

M

(A) (D)

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.