**BOSTON** 

(City)

(Last)

(Street) **BOSTON**  MA

(State)

(First)

MA

(State)

200 BERKELEY STREET, 18TH FLOOR

1. Name and Address of Reporting Person\* RA Capital Healthcare Fund LP

1. Name and Address of Reporting Person\*

02116

(Zip)

(Middle)

02116

(Zip)

### FORM 4

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

I E3	SECURI	IIES ANL	PEACHANGE	
	\/\/a	chington D.C	20540	

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

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

# 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

the pur of the i the affi	chase or sale of																		
1. Name and Address of Reporting Person*  RA CAPITAL MANAGEMENT, L.P.				2. Issuer Name <b>and</b> Ticker or Trading Symbol Septerna, Inc. [ SEPN ]							(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director   10% Owner Officer (give title Other (specify							
(Last) (First) (Middle) 200 BERKELEY STREET, 18TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024									officer below)		e	belo		
(Street)					menc	nendment, Date of Original Filed (Month/Day/Year)						Ι.	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(	State)	(Zip)																
			Table I - N	lon-l	Deriv	ative	Sec	curities Ac	quire	d, D	isposed	of, or B	enefic	ially	Owned				
Dat			Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		d 5)	5. Amount of Securities Beneficially Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	r Pric	е	Reported Transaction(s) (Instr. 3 and 4)		l (Ins		(Instr. 4)	
Common Stock			10	10/28/2024				С		1,695,5	15 A	(	1,695,		515	I		See footnotes <sup>(2)(3)</sup>	
Common Stock				10	10/28/2024				С		1,130,3	43 A	(	(1)	1,130,343				See footnotes(2)(4)
Common Stock 10				10	)/28/20	8/2024			P		3,828,4	00 A	\$	18	5,523,915				See footnotes(2)(3)
Common Stock 10/28/2024					024		P			341,60	0 A	\$	18	1,471,943		I		See footnotes <sup>(2)(4)</sup>	
			Table I					rities Acq s, warrants							Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion Date Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date if any (Month/Day/Year)		4. Transaction Code (Instr.		Derivative		6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amoun Securities Underlyi Derivative Security (Instr. 3 and 4)		ying	8. Price of Derivative Security (Instr. 5)			10. Ownersh Form: Direct (D or Indirect) (I) (Instr.	Beneficial Ownership ct (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	ible	Expiration Date	Title	Amour Number Shares	er of		(Instr. 4			
Series B Preferred Stock	(1)	10/28/2024			C			14,598,896	(1)		(1)	Common Stock	1,695	,515	(1)	(	)	I	See Footnotes <sup>(2)(3)</sup>
Series B Preferred Stock	(1)	10/28/2024			C			9,732,596	(1)		(1)	Common Stock	1,130	,343	(1)	(	)	I	See Footnotes <sup>(2)(4)</sup>
		Reporting Person* MANAGEME	ENT, L.P.																
(Last) 200 BER	KELEY S	(First) ΓREET, 18TH F	(Mide	dle)															
(Street)							-												

RA Capital 1	Nexus Fund III,	<u>L.P.</u>						
(Last)	(First)	(Middle)						
200 BERKELE	Y STREET, 18TH	FLOOR						
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
	ess of Reporting Perso	n*						
Kolchinsky 1	<u>Peter</u>							
(Last)	(First)	(Middle)						
C/O RA CAPIT	TAL MANAGEME	NT, L.P.						
200 BERKELE	Y STREET, 18TH	FLOOR						
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						
	ess of Reporting Perso	n*						
Shah Rajeev	<u>M.</u>							
(Last)	(First)	(Middle)						
C/O RA CAPITAL MANAGEMENT, L.P.								
200 BERKELEY STREET, 18TH FLOOR								
(Street)								
BOSTON	MA	02116						
(City)	(State)	(Zip)						

#### Explanation of Responses:

- 1. Each share of Series B Preferred Stock (the "Preferred Stock") converted into shares of Common Stock of the Issuer on a one-for-8.6103 basis without payment of further consideration. Upon the closing of the Issuer's initial public offering (the "IPO"), the Preferred Stock was converted into the number of shares of Common Stock of the Issuer shown in column 7 of Table II. The Preferred Stock had no expiration date.
- 2. RA Capital Management, L.P. (the "Adviser") is the investment manager for RA Capital Healthcare Fund, L.P. (the "Fund") and RA Capital Nexus Fund III, L.P. (the "Nexus Fund III"). The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. Each of the Adviser, the Adviser GP, the Fund, the Nexus Fund III, Dr. Kolchinsky and Mr. Shah disclaims beneficial ownership of any of the reported securities, except to the extent of its or his respective pecuniary interest therein.
- 3. Held directly by the Fund.
- 4. Held directly by the Nexus Fund III.

#### Remarks:

Jake Simson, a Partner of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P.	10/30/2024
/s/ Peter Kolchinsky, Manager of RA Capital Healthcare Fund GP, LLC, the General Partner of RA Capital Healthcare Fund, L.P.	10/30/2024
/s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund III GP, LLC, the General Partner of RA Capital Nexus Fund III, L.P.	10/30/2024
/s/ Peter Kolchinsky, individually	10/30/2024
/s/ Rajeev Shah, individually	10/30/2024
** 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).

 $Note: File\ three\ copies\ of\ this\ Form,\ one\ of\ which\ must\ be\ manually\ signed.\ If\ space\ is\ insufficient,\ see\ Instruction\ 6\ for\ procedure.$ 

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