FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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<b>STATEMENT</b>	<b>OF CHANGES IN</b>	N BENEFICIAL	<b>OWNERSHIP</b>
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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>Chacko Jacob</u>				2. Issuer Name and Ticker or Trading Symbol 4D Molecular Therapeutics, Inc. [ FDMT ]						(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(1	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/21/2024							Officer ( below)	give title	Other (s below)	pecify	
C/O 4D MOLECULAR THERAPEUTICS, INC. 5858 HORTON STREET #455				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street)	VILLE C	C <b>A</b>	94608		Dula 40h 5 4(a) Transaction hadication						Form filed by More than One Reporting Person					
(City)	(\$	State)	(Zip)		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.											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date		Transaction ate ate/lonth/Day/	Execution Date,		3. Transaction Code (Instr. 8)  8 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			5. Amoun Securities Beneficia Owned Fo	S Fo	orm: Direct ) or Indirect (Instr. 4)	7. Nature of ndirect Beneficial Dwnership					
						Code V	Amount	(A) or (D)	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)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code (	Transaction Code (Instr.		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right To Buy)	\$25.15	05/21/2024		A		22,500 <sup>(1)</sup>		(2)	05/20/2034	Common Stock	22,500	\$0	22,500	D		

## **Explanation of Responses:**

- 1. Automatically granted pursuant to the terms of the Company's non-employee director compensation program.
- 2. The stock option vests and becomes exercisable with respect to 1/3 of the total shares on May 21, 2025 and in equal monthly installments thereafter, subject to the Reporting Person continuing service to Issuer through each vesting date, until the shares are fully vested on May 21, 2027. Additionally, the stock options will vest in full upon the consummation of a Change in Control (as defined in the 2020 Incentive Award Plan).

By: /s/ Scott Bizily as Attorney-05/23/2024 in-fact for Jacob Chacko

\*\* 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.