FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D C	20540
wasiiiigton,	D.C.	20049

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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)

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Vera Therapeutics, Inc. [ VERA ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Fordyce Marshall				<del>''</del>	vera incrapeutics, inc. [ vera ]									X Di	Director		10% Owner					
(Last)	,	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/29/2023										below)			Other (specify below) t and CEO			
8000 MARINA BOULEVARD, SUITE 120					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)							
(Street)					_											X Form filed by One Reporting Person					n	
BRISBA	NE C	A	94005												Form filed by More than One Reporting Person					rting		
(City)	(S	State)	(Zip)		R	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.																				
		Tak	ole I - No	n-Deri	vativ	e Se	ecuri	ties Ac	cquir	red, C	Dis	posed o	f, or	r Ben	eficial	ly Ow	ned					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution if any		. Deemed ecution Date, iny onth/Day/Year)		3. Transaction Code (Instr. 8)		ies Acc Of (D)	quired ) (Instr.	(A) or 3, 4 and	4 and 5) Sec Ben Owr		Amount of curities neficially vned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Co	ode V	′	Amount	(A (E	A) or D)	Price	Trai	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A (	Common St	ock		12/29	9/202	/2023		1	M		516	516 A \$2		\$2.317	74 243,877		,877		D			
Class A (	Common St	ock		12/29	9/2023				1	M		13,000 A		\$2.890	58	8 256,877			D			
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	Date Execution Date, (Month/Day/Year) if any				nsaction de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			or Num		Security I 4) Amount or Number	Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		e rcisable		Expiration Date	Title		or Number							

(1)

(2)

516

13,000

## **Explanation of Responses:**

\$2.3174

\$2.8968

- 1. 1/3 of the shares subject to the option vested on January 10, 2021, and 1/36 of the shares vest monthly thereafter.
- 2. 1/4 of the shares subject to the option vested on December 16, 2021, and 1/48 of the shares vest monthly thereafter.

## Remarks:

Stock

Buy) Stock

Option (Right to

Option (Right to Buy)

/s/ Joseph R. Young, Attorneyin-Fact

516

13,000

Class A

Stock

Class A

Common Stock

01/15/2030

12/15/2030

\*\* Signature of Reporting Person Date

\$0.00

\$0.00

0

874,212

01/03/2023

D

D

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).

12/29/2023

12/29/2023

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

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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.