FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average but | urden | | | | | | | |
| 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* MORRISSEY MICHAEL | | | | | | 2. Issuer Name and Ticker or Trading Symbol Vera Therapeutics, Inc. [VERA] | | | | | | | (Che | elationship oeck all applic | cable) | Person(s) to Is | | |
|---|---|--|---|---|---|--|---|-----|--|-----------------|---|---|---|---|--|--|--|--|
| (Last) | Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2024 | | | | | | | Officer below) | (give title | Other (below) | specify | |
| C/O VERA THERAPEUTICS, INC. 8000 MARINA BOULEVARD, SUITE 120 | | | | | | 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) BRISBA | Street) BRISBANE CA 94005 | | | _ | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction In Check this box to indicate that a transaction was satisfy the affirmative defense conditions of Rule | | | | | | | | | made pu | rsuant | | | n or written pl | an that is intende | d to | | | |
| | | | le I - Non | | | | | | | _ | • | | | _ | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ear) i | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disp Code (Instr. 5) | | curities Acquired (A) or sed Of (D) (Instr. 3, 4 a | | | | s ally ollowing (| 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | ' Amoui | t (A | A) or D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | |
| | | ٦ | Γable II - I (| | | | | | uired, Dis , options | | | | | Owned | | | | |
| 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) | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Sec Under Deriva | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 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 | | | | | |
| Stock Option (right to buy) | \$42.69 | 05/15/2024 | | | A | | 14,000 | | (1) | 05/14/203 | Class Comm Stoc | ion | 14,000 | \$0 | 14,000 | D | | |

1. The shares subject to the option will vest in full on the earlier of the first anniversary of the grant date or the date of the Company's 2025 annual stockholder meeting, subject to the Reporting Person's continuous service through such vesting date. Notwithstanding the foregoing, the shares will vest in full upon a change in control, subject to the Reporting Person's continuous service through the date of such change in control.

> /s/ Joseph R. Young, Attorneyin-Fact ** Signature of Reporting Person

05/17/2024

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.