FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| Check this box if no longer subjec |
|------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

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

| 1. Name a | 2. Issuer Name and Ticker or Trading Symbol Vera Therapeutics, Inc. [VERA] | | | | | | | | | | k all app Direc | p of Reporti blicable) tor er (give title | | n(s) to I 10% Ov Other (s | wner | | | | | | |
|--|---|--|--|---------------------------------------|---|---|---------------------------------|----------------------------------|---|---|--|--|--------------------|--|--|------------------------------------|--|--|---|--|--|
| (Last) (First) (Middle) C/O VERA THERAPEUTICS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2023 | | | | | | | | | belov | | | below) | эрсыу | | |
| 8000 MARINA BOULEVARD, SUITE 120 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BRISBANE CA 94005 | | | | | X Form filed by One Reporting Person 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 | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | | Execution | | | ate, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | 3, 4 and Securi Benefi Owner Follow | | cially I ing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) or (D) P | | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | | | | |
| Class A C | Common St | ock | | 06/23/2 | 023 | | | P | | 5,000 | A | A \$ | 16.6 | 5 | ,992 | I | | By Trust | | | |
| Class A Common Stock | | | | | | | | | | | | | | | 49 | 9,933 | D | | | | |
| Class A Common Stock | | | | | | | | | | | | | | | 2 | ,816 | I | | By IRA | | |
| Class A Common Stock | | | | | | | | | | | | | | | 335 | | Ι | | By Roth IRA | | |
| Class A Common Stock | | | | | | | | | | | | | | 857 | | I | | By Spouse's IRA | | | |
| | 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | 4. Transa Code (I 8) | | 5. Numb of Deriv Secul Acqu (A) or Dispo of (D) (Instr | ative rities ired osed | 6. Date E Expiration (Month/I | on Da | Securities Underlyin Derivative Security (Instr. 3 an | | int of rities rlying ative rity . 3 and 4 | Der Sec (Ins | rice of ivative curity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ow For Dire or I (I) (| nership m: ect (D) ndirect Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code V (A) (D) | | Date Exercisa | | Expiration of | | Numbe | | | | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Joseph R. Young,
Attorney-in-Fact
** Signature of Reporting Person

06/23/2023

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).

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.

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