FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Washington, D.	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

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

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>Kirn David</u>					2. Issuer Name and Ticker or Trading Symbol 4D Molecular Therapeutics, Inc. [FDMT]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) C/O 4D 1	(Fir	st) (M	Middle UTI(	,		3. Date of Earliest Transaction (Month/Day/Year) 02/08/2024								X	Office below	er (give title	utive	Other (s below)	·
5858 HORTON STREET #455				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)					oplicable	
(Street)														X	X Form filed by One Reporting Person				
EMERYVILLE CA 94608													Form filed by More than One Reporting Person						
(City)	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	1 - 1	Non-Deriva	tive \$	Secui	rities	Acc	quir	ed, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				ear) E	2A. Deen Executio if any (Month/D		,   т С	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5) Secu Ben Own		urities eficially ned Following		m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership	
								ode	v ,	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(11151	Instr. 4)	(Instr. 4)	
Common Stock 02/08/2024				24		:		S <sup>(1)</sup>		92,001	D	\$27.128	32(2)	1,059,153			D		
		Tal	ble I	II - Derivati											)wne	d			
1. Title of Derivative Security (Instr. 3)	1. Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any			4. Transa	ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	code V (A) (I		(D)	Date D) Exercisal		Expiration Date	n Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Transaction made pursuant to a 10b5-1 trading plan adopted by the Reporting Person on August 17, 2023.
- 2. The transaction was executed in multiple trades in prices ranging from \$26.75 to \$27.55, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The reporting person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote

By: /s/ Scott Bizily as

02/12/2024

\*\* 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.