FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0362 |
| Estimated average b | ourden |
| hours ner resnonse. | 1.0 |

Form 3 Holdings Reported.

Instruction 10

Form 4 Transactions Reported.

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See lecturation 10

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

| | | Reporting Person* | | 2. Issuer | | | | | Symbol | rr 1 | | elationship o | | ing Pers | on(s) to Is | suer |
|---|---|--------------------|---|---|--|----------|---|-----------------|----------------|--|--|---|--|----------------|--|--------------------------------------|
| <u>CHESS</u> | S ROBER | <u>T</u> | | IVEICI | 71111 | TILI | <u> </u> | 2011 | <u>00</u> [MK | ik j | | Directo | r | | 10% C | wner |
| (Last) C/O NEK | , | irst) RAPEUTICS | (Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2024 | | | | | ar) | Officer below) | (give title | e | Other below | specify | |
| 455 MIS | SION BAY | BLVD SOUTH | | | | | | | | | | | | | | |
| (Street) | | | | 4. If Ame | ndment, | , Date o | of Origi | inal File | d (Month/Da | ıy/Year) | Line | <u></u> | | | (Check A | |
| SAN FRANCI | ISCO C | A | 94158 | _ | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Se | curitie | es Ac | quire | ed, Di | sposed c | f, or B | eneficial | y Owned | | | | |
| Date (Month/Day/Year) | | | Execution I if any | | | ction | 4. Securities Acquired (A) or Dispos tion (D) (Instr. 3, 4 and 5) | | | Disposed Of | 5. Amount o Securities Beneficially Owned at en | | Form: [y (D) or | | Nature of direct eneficial | |
| | | | (Month/Day | onth/Day/Year) 8) | | 8) | | Amount (A | | A) or Price | | scal 3 and | (Instr. 4 | | | |
| | | - | Table II - Deriv (e.g., | ative Secu | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 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) | | 10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownershi (Instr. 4) |
| | | | | | (A) | (D) | Date Exerc | Expiration Date | | Title | Amount or Number of Shares | | (Instr. 4) | | | |
| Stock | \$1.26 | 09/18/2024 | | 4A | 120,000 | 000 | | (1) 09/17/2032 | | Commo | n 120,000 | \$0 120,00 | | 000 D | | |

Explanation of Responses:

1. This stock option vests in equal monthly installments over the one-year period beginning on September 18, 2024.

Mark A. Wilson, Attorney-in-**Fact**

** Signature of Reporting Person

01/17/2025

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.