FORM 4

UNITED STATES SE

Washington, D.C. 20549

CURITIES AND EXCHANGE COMMI	SSION	
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OMB APPROVAL								
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 Instruction 10.

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

monuc																		
Name and Address of Reporting Person* Brady Stephen R					2. Issuer Name and Ticker or Trading Symbol Tempest Therapeutics, Inc. [TPST]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
										-			✓ Director			10% Owi	ner	
				- -										(give title		Other (sp	ecify	
								Date of Earliest Transaction (Month/Day/Year)						— below)				
C/O TEMPEST THERAPEUTICS, INC.					01/02/2025							President and CEO						
2000 SIERRA POINT PARKWAY, SUITE 400																		
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ir	6. Individual or Joint/Group Filing (Check Applicable							
(Street)								Ü	`	Í	,	Line)		•			
BRISBA	NE C	A	94005											ed by One F				
				_									Form filed by More than One Reporting					
(City)	(9	tate)	(Zip)										Person					
(Oity)			(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transaction											ed (A) or	5. Amoun		6. Owners		. Nature of		
Date (Month/D				Day/Year) Execution Date, if any (Month/Day/Yea		if any		Code (Instr.		ed Of (D) (Instr. 3, 4 a		Beneficia	lly (Form: Dire D) or Indi	rect B	ndirect Beneficial		
						ar) 8)					Owned For		l) (Instr. 4		Ownership Instr. 4)			
							Code	/ Amou	nt	t (A) or Pi		Transacti (Instr. 3 a	on(s)		- [`	,		
													<u>'</u>					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numbe	er of	6. Date Exe	cisable and	1	7. Title and	d Amount	8. Price of	9. Number	of 10.		11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any	te, Transac							of Securities Underlying		Derivative Security	derivative Securities	Ow	nership	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year)			8)	` Acquired (A)		Derivative Secur				Security	(Instr. 5)	Beneficially	y Dire	Direct (D) Owner	Ownership			
Derivative					or Disposed (Instr. 3 and 4) of (D) (Instr.					1d 4)		Owned Following		or Indirect (Ins	(Instr. 4)			
				3, 4 and 5)								J	Reported Transaction(s)	n(s)				
												Amount		(Instr. 4)	(5)			
								Date	Expiration	n		or Number						
				Code	٧	(A)	(D)	Exercisable	Date		Title	of Shares						
Employee																		
Stock Option	\$0.86	01/02/2025		A		550,000		(1)	01/01/203	5	Common	550,000	\$0	550,000	.	D		
(right to buy)	,										Stock	,						

Explanation of Responses:

1. These stock options vest in a series of 48 equal monthly installments measured from January 2, 2025, subject to the Reporting Person's continued service.

/s/ Nicholas Maestas, Attorney-01/06/2025 in-Fact

** 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.