FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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* Simantov Ronit | | | | - 3. I | Issuer Name and Ticker or Trading Symbol Tempest Therapeutics, Inc. [TPST] Date of Earliest Transaction (Month/Day/Year) | | | | | | (Che | eck all applic | able) | Person(s) to Iss 10% Ov Other (s | ner | |
|--|--|------------|---|--------|---|------------|--------------|--|--|--------------------|---|--|---|--|---|--|
| (Last) | (Fi | rst) | (Middle) | | 06 | 06/13/2024 | | | | | | below) | - | below) | | |
| C/O TEMPEST THERAPEUTICS, INC. | | | | 4.1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Ir | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| 2000 SIERRA POINT PARKWAY, SUITE 400 | | | | | | | | | | 1 1 | Line) Form filed by One Reporting Person | | | | | |
| (Street) | NE CA | A | 94005 | | | | | | | | | | | led by More t | han One Repor | |
| , | | | | _ Ri | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| (City) | (Si | rate) | (Zip) | | | | | | cate that a tran defense condit | | | | | n or written pla | n that is intended | to |
| | | Tab | le I - Non | -Deri | vativ | e Sec | curities | s Ac | quired, Di | sposed o | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | Date, | e, Transaction Disposed Of (D) Code (Instr. 5) | | | s Acquired (A) or of (D) (Instr. 3, 4 and | | s Fo | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code V | Amount | (A) or (D) Price | | Reported Transact (Instr. 3 a | ion(s) | | | | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Date, | 4. Transaction Code (Instr. 8) | | 5. Number of | | 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) (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) | \$3.03 | 06/13/2024 | | | A | | 16,000 | | (1) | 06/12/2034 | Common Stock | 16,000 | \$0 | 16,000 | D | |

Explanation of Responses:

1. The shares underlying the option will vest in full on the earlier of (i) June 13, 2025, or (ii) the day of the Issuer's 2025 annual stockholder meeting, subject to the Reporting Person's continuous service through such vesting date.

/s/ Nicholas Maestas, Attorneyin-Fact for Ronit Simantov 06/14/2024

** 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.