

89BIO, INC. Reported by MARTINS RYAN

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/04/25 for the Period Ending 02/01/25

Address 655 MONTGOMERY STREET

SUITE 1500

SAN FRANCISCO, CA, 94111

Telephone (415) 432-9270

CIK 0001785173

Symbol ETNB

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31

FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 * | | | | 2. | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | |
|---|---|-------------|--------------|--------------|--|------------------|------------------------------|--------------------|----------------------------------|--------|--------------|---|---|-----------------------|------------------------------|---------------------------|-------------------------|
| | | | | | | | | | | | | | (Check all app | olicable) | | | |
| Martins Rya | ın | | | 89 | bio | , Inc. | [ETNE | 3] | | | | | 5 . | | 100 | | |
| (Last) (First) (Middle) | | | | 3. 1 | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | Director 10% Owner | | | | | |
| | | | | | | | | | | | | | _X_ Officer (given by Chief Finance) | | | ner (specify | below) |
| C/O 89BIO, | INC., 65 | 5 MON | TGOME | ERY | | | 2/ | 1/20 | 25 | | | | Ciliei Filianci | iai Oilice | ľ | | |
| STREET, SU | J ITE 15 (| 00 | | | | | | | | | | | | | | | |
| | (Str | eet) | | 4. | If An | nendme | nt, Date | Origi | nal Fi | led (N | MM/D | D/YYYY | 6. Individual o | or Joint/G | roup Filing | (Check Appl | icable Line) |
| CANEDANI | OTOOO A | C A 0.411 | 1 | | | | | | | | | | | | | | |
| SAN FRANCISCO, CA 94111 | | | | | | | | | | | | | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (0 | City) (St | ate) (Zi | p) | | | | | | | | | | | | | | |
| | | | | | | | | | | _ | _ | | | _ | | | |
| | | | | | | | | • | <u> </u> | • | | | eneficially Owne | | | | • |
| 1.Title of Security (Instr. 3) | | | 2. 7 | Frans. Date | | Deemed cution | d 3. Trans. Co (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned 6. 7. Nature Following Reported Transaction(s) Ownership of Indi | | | | 7. Nature of Indirect | |
| (msu. 3) | | | | Date, if any | | | | (Instr. 3, 4 and 5 | | | | (Instr. 3 and 4) | | | | Beneficial | |
| | | | | | | | | | | | | | | | | Direct (D) or Indirect | Ownership (Instr. 4) |
| | | | | | | | Code | v | Amo | nint | (A) o (D) | r Price | | | | (I) (Instr. 4) | |
| Common Stock | | | | 2/1/2025 | | | A ⁽¹⁾ | | 80, | _ | A | \$0 | | | 277,620 | D | |
| Common Stock 2/1/202: | | | | 2/1/2025 | | | F | | 3,33 | 8 (2) | D | \$9.6 | | 274,282 D | | | |
| | | | L | | | | | | 0,00 | | | | I | | | <u> </u> | 1 |
| | Tal | ble II - De | rivative Se | ecurities | Bene | eficially | Owned | (e.g., | puts. | . call | ls. wa | rrants. | options, conver | tible secu | rities) | | |
| Title of Derivate | 2. | 3. Trans. | 3A. Deemed | | | 5. Number | | | ate Exe | | | | | | 9. Number of | 10. | 11. Nature |
| Security | Conversion | Date | Execution | Code | Derivative | | Securities | | and Expiration Date Securities U | | | | s Underlying | Inderlying Derivative | | Ownership | of Indirect |
| (Instr. 3) | or Exercise Price of Derivative Security | | Date, if any | (Instr. 8) | | | | | | | | (Instr. 3 a | | | | Form of Derivative | Beneficial Ownership |
| | | | | | | | and 5) | | | | | | | | Owned | | (Instr. 4) |
| | Security | | | | | | | Date | Date | | ration | | Amount or | | Reported | or Indirect | |
| | | | | Code | v | (A) | (D) | | cisable | | | Title | Number of Shares | | Transaction(s) (Instr. 4) | (I) (Instr. 4) | |
| Stock Option (Right to Buy) | \$9.6 | 2/1/2025 | | A | | 300, | ` ' | | (3) | 2/1/2 | 2035 | Commo Stock | on 300,000 | \$0 | 300,000 | D | |

Explanation of Responses:

- (1) Represents restricted stock units that vest in equal semi-annual installments over three years, subject to the Reporting Person's continued service to the Issuer.
- (2) These shares were withheld from the vesting of restricted stock units to cover the estimated tax withholding obligation.
- (3) Represents a right to purchase a total of 300,000 shares of the Issuer's Common Stock, one quarter of which will vest on February 1, 2026, with the remaining three quarters vesting in equal quarterly installments over the following three years, subject to the Reporting Person's continued service to the Issuer.

Reporting Owners

| reporting owners | | | | | |
|-----------------------------------|---------------|-----------|----------------------------|-------|--|
| Danastina Ozona Nama / A 11 | Relationships | | | | |
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| Martins Ryan | | | | | |
| C/O 89BIO, INC. | | | Chief Financial Officer | | |
| 655 MONTGOMERY STREET, SUITE 1500 | | | Cilici Filialiciai Officei | | |
| SAN FRANCISCO, CA 94111 | | | | | |

Signatures

| | _ | |
|---------------------------------|---|------|
| **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 control number.