FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

gion, D.C. 20049	ı
	L

· ·	OWR APPRO	JVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287
OTAL EMERICA OF OTAL OPERATION AND ADMINISTRATION OF THE OTAL OPERATION OPERATION OF THE OTAL OPERATION OPERAT	Estimated average burd	len

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

					OI -	Secu	011 30(11) (	or trie	nvestment	Com	ірапу Асі	01 1940							
Name and Address of Reporting Person*     Xu Stella					2. Issuer Name <b>and</b> Ticker or Trading Symbol Tempest Therapeutics, Inc. [ TPST ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Au Ster	<u>1d</u>								,			-			V Director	or		10% Ow	ner
(Last) (First) (Middle) TEMPEST THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 07/01/2021									Officer below)	(give title		Other (s below)	pecify	
/000 SH	JRELINE	CT., STE. 275				f Ame	ndmont	Doto	of Original F	ilod	(Month/D	ov/Voor)		6 15	dividual or	loint/Croup	Filing	(Chook Apr	diaabla
(Street)						/06/2	,	Date (	of Original F	-lieu	(ואוטוונוו)	ay/ rear)		Line		Joint/Group	Filling	(Спеск Ар	Jiicabie
SOUTH S	SAN														K Form f	iled by One	Repo	rting Persor	า
FRANCI	- C	A	94080													iled by More	e than	One Repor	ting
,					.										Persoi	1			
(City)	(S	tate)	(Zip)																
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired, [	Disp	osed o	of, or Be	nef	iciall	y Owned	i			
1. Title of Security (Instr. 3)  2. Transc Date (Month/E				ar)   i	2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Dispose Code (Instr. 5)			ities Acquir d Of (D) (In:		4 and Securit		es ally Following	Form:	Direct of Indirect Etr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o (D)	r F	rice	Transac (Instr. 3	tion(s)			Instr. 4)	
		7	able II -	Derivat	tive :	Seci	urities	Acqı	uired, Di	spo	sed of	or Ben	efic	ially	Owned				
			(	(e.g., p	uts,	call	s, warr	ants	, options	s, c	onverti	ble secu	uriti	es) ¯					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	1. Fransactior Code (Instr 3)				6. Date Exe Expiration I (Month/Day	Date	Amount of		f g e Seci	urity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)
					Code	v	(A)		Date Exercisable		xpiration ate	Title	or	ount nber ıres					
Stock Option (Right to	\$11.07	07/01/2021			A		6,635		(1)	06	5/30/2031	Common Stock	6,0	535	\$0	6,635		D <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. Vests over three (3) years, with one-third (1/3) of the award vesting on the first anniversary of the grant date and the remainder of the award vesting in equal monthly installments thereafter, subject to the reporting person's continuous service through each vesting date.
- 2. The reporting person holds these securities for the benefit of Quan Venture Fund I, L.P. ("Quan Capital"). The general partner of Quan Capital is Quan Venture Partners I, L.L.C. The reporting person is amanager of Quan Venture Partners I, L.L.C. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of any pecuniary interest. This report on Form 4 shall not be deemed anadmission the Reporting Person is a beneficial owner of such securities for the purpose of Section 16 of the Exchange Act, or for any other purpose.

## Remarks:

Buv)

The amended Form 4 is being filed to correct the vesting schedule of the option grant and to correct the price of the derivative security.

/s/ Pierre Lorenzo (Attorney-09/17/2021 <u>in-Fact</u>)

\*\* 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.