FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| vasilingion, D.C. 20549 | | |
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| washington, D.C. 20049 | OMB APPROVAL | | | |
|----------------------------------------------|---------------------|-----------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-0287 | | |
| | Estimated average b | ourden | | |

| 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 1 or Section 30(h) of the Investment Company Act of 1940

| | | | | | - 11 | | | | | |
|------|-------------------------------------------------------------------------|-----------------|----------------|--------------------|------|--|--|--|--|--|
| 934 | | | hours per resp | 0.5 | | | | | | |
| .504 | | | | | | | | | | |
| | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | | |
| | X | Director | | 10% Owner | ner | | | | | |
| | | Officer (gives) | ve title | Other (spec below) | ify | | | | | |
| | 6. Indiv Line) | idual or Join | t/Group Filing | (Check Applic | able | | | | | |
| | X Form filed by One Reporting Person | | | | | | | | | |
| | Form filed by More than One Reporting Person | | | | | | | | | |
| | , | | | | | | | | | |

8,200

D

| Name and Address of Reporting Person* Pellizzari Christine A | | | | 2. Issuer Name and Ticker or Trading Symbol Tempest Therapeutics, Inc. [TPST] | | | | | (Ch | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------|-------|--------|---------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------|--------------------------------------------------|-------------------------------------------------------------------|-----------|--|
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023 | | | | | | 2000 | r (give title | | Other (below) | | |
| C/O TEMPEST THEARAPEUTICS, INC. 2000 SIERRA POINT PARKWAY, SUITE 400 | | | 4. If Am | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (Street) | ANE C. | A | 94005 | - | | | | | | | | | filed by Mo | | n One Rep | |
| (City) | (S | tate) | (Zip) | Rule 10b5-1(c) Transaction Indication 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. | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | ···· | Execution Date, | | 3. Transaction Code (Instr.) 8) 4. Securities Acquire Disposed Of (D) (Ins 5) | | | | Securit Benefic Owned | Securities Beneficially Owned Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | Code V Amount (A) | | | | | (A) or (D) | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (msu. 4) | | | |
| 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) | Conversion Date Execution Date, Transaction of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title a Amount Securitii Underlyi Derivatii (Instr. 3 | | ount of urities erlying vative S | | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | | |

Explanation of Responses:

\$1.42

1. The shares underlying the option will vest in full on the earlier of (i) June 15, 2024, or (ii) the day of the Issuer's 2024 annual stockholder meeting, subject to the Reporting Person's continuous service through such vesting date.

Date Exercisable

(1)

Expiration Date

06/14/2033

Title

Stock

Remarks:

Stock Option

(right to buy)

/s/ Stephen Brady, Attorney-in-06/20/2023 Fact for Christine Pellizzari

\$0.00

** Signature of Reporting Person Date

Amount or Number

of Shares

8,200

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).

06/15/2023

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

(A)

8,200

(D)

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.