

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>Rock Springs Capital Management LP</u> <hr/> (Last) (First) (Middle) 650 SOUTH EXETER STREET SUITE 1070 <hr/> (Street) BALTIMORE MD 21202 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/30/2021	3. Issuer Name and Ticker or Trading Symbol <u>Tempest Therapeutics, Inc.</u> [TPST]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	750,000	I	See footnote ⁽¹⁾
Common Stock	73,654	I	See footnote ⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Rock Springs Capital Management LP

 (Last) (First) (Middle)
 650 SOUTH EXETER STREET
 SUITE 1070

 (Street)
 BALTIMORE MD 21202

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Rock Springs Capital LLC

 (Last) (First) (Middle)
 650 SOUTH EXETER STREET
 SUITE 1070

 (Street)
 BALTIMORE MD 21202

 (City) (State) (Zip)

1. Name and Address of Reporting Person*

[Rock Springs Capital Master Fund LP](#)

(Last) (First) (Middle)

650 SOUTH EXETER STREET
SUITE 1070

(Street)

BALTIMORE MD 21202

(City) (State) (Zip)

Explanation of Responses:

1. The securities reported herein are held of record by Rock Springs Capital Master Fund LP ("Master Fund"). Rock Springs Capital LLC ("RSC") is the general partner of Rock Springs Capital Management LP ("RSCM") which is the investment manager to Master Fund. RSC and RSCM may therefore be deemed to have or share beneficial ownership of the Common Stock held directly by Master Fund.

2. The securities reported herein are held of record by Four Pines Master Fund LP ("Four Pines"). RSC is the general partner of RSCM which is the investment manager to Four Pines. RSC and RSCM may therefore be deemed to have or share beneficial ownership of the Common Stock held directly by Four Pines.

[By: /s/ Mark Bussard,](#)
[Authorized Signatory,](#) [01/10/2022](#)
[Rock Springs Capital](#)
[Management LP](#)

[By: /s/ Mark Bussard,](#)
[Authorized Signatory,](#) [01/10/2022](#)
[Rock Springs Capital LLC](#)

[By: /s/ Mark Bussard,](#)
[Authorized Signatory,](#) [01/10/2022](#)
[Rock Springs Capital](#)
[Master Fund LP](#)

** 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 5 (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.