	FORM		NITED STA			shington							-	OMB A	APPRO	VAL		
Sectio obligat	this box if no lo n 16. Form 4 or tions may contir ction 1(b).		IT OF CHANGES IN BENEFICIAL OWNERSHIP								OME	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5						
Check transa contra for the securit intend defens	this box to indii ction was made ct, instruction or purchase or sa ies of the issue ed to satisfy the se conditions of iee Instruction 1	pursuant to a written plan le of equity that is affirmative Rule 10b5-		or Sec	tion 30(h) of t	the Inves	stment	Company Ac	t of 194	D								
													5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director I 10% Owner Officer (give title Other (specify below) below)					
(Last) (First) (Middle) 151 CALLE DE SAN FRANCISCO SUITE 200 PMB 1237					3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024													
(Street) SAN JUAN PR 00901-1607												6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)																		
			I - Non-Deriva				ed, C	1					1					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			Execution Date,		3. Transa Code (8)		str.		(Instr. 3, 4 and 5		Beneficially Owned Follow Reported		wing Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common stock, \$0.0001 par value per 11/15/2024				4			v	Amount 947	(A) or (D)	Price \$4.344	(1	Transaction(s) (Instr. 3 and 4) 2 ⁽¹⁾ 5,225,547		I I I'		See footnote ⁽²⁾		
					e Securities Acc		d, Di	Disposed of, or Benefic			 cially Owned							
1. Title of		3. Transaction		ıts, cal		ts, op	tions	s, converti	ble se	curitie	s)		9. Number			44 . No.44		
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date E (Month/Day/Year) if	Execution Date, if any (Month/Day/Year)	4. Transact Code (In 8)	tion of	Expiration ve (Month/Da es d		n Date	Amo Secu Unde	tle and unt of urities erlying vative urity (Instr. d 4)	Deriv Secu (Instr		derivative derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Ownersh 5 Form: Ily Direct (D or Indire (I) (Instr.	wnership orm:	Beneficia) Ownersh ct (Instr. 4)		
				Code		Dat D) Exe	e ercisab	Expiration le Date	n Title	Amount or Number of Shares								
		Reporting Person [*] Ianagement L	<u>.P</u>]													
(Last)		(First) N FRANCISCO 37	(Middle)															
	AN	PR	00901-1607															
SUITE 2 (Street)		PR (State)	00901-1607 (Zip)															
SUITE 2 (Street) SAN JU (City) 1. Name a					-													
SUITE 2 (Street) SAN JU (City) 1. Name a Nichol (Last) 151 CAI	nd Address of s Weston	(State) Reporting Person [*] (First) N FRANCISCO	(Zip) (Middle)		-													

Explanation of Responses:

(State)

(City)

(Zip)

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.335 to \$4.350, inclusive. The Reporting Persons undertake to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth herein.

2. The securities to which this filing relates are held directly by Lynx1 Master Fund LP to which Lynx1 Capital Management LP (the "Investment Manager") serves as investment manager. Weston Nichols ("Mr. Nichols") is the sole member of Lynx1 Capital Management GP LLC, the general partner of the Investment Manager. Each of the Investment Manager and Mr. Nichols disclaims beneficial ownership of the securities to which this filing relates for purposes of Section 16 of the Securities and Exchange Act of 1934, as amended, except to the extent of his or its pecuniary interest therein, if any.

 Lynx1 Capital Management

 LP, By: Lynx1 Capital

 Management GP LLC, its

 general partner, By: /s/ Weston

 Nichols, Sole Member

 /s/ Weston Nichols

 ** 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.