FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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Name and Address of Reporting Person* Stoppel Laura						2. Issuer Name and Ticker or Trading Symbol Acumen Pharmaceuticals, Inc. [ABOS]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Stoppe	Laura				1								_	:	X Directo	or		10% Ov	vner	
(Last)	,	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022							\dashv		Officer (give title below)			specify			
C/O RA	CAPITAL	MANAGEMEN	T																	
200 BERKELEY STREET, 18TH FLOOR					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															,	iled hy One	- Rend	orting Perso	n	
BOSTO	N M	ΙA	02116													•		•		
															Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
		Tak	ole I - Nor	ı-Deriv	ativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or	Ben	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/I						2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Dispo		Disposed	rities Acquired (A) ed Of (D) (Instr. 3,		(A) or 3, 4 and	5. Amou Securitie Beneficia Owned F	s ally following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		•	Table II - I						uired, D , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	Date, 1	ransaction Code (Instr.)				6. Date Exercisable ar Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	1	Amount or Number of Shares						
Stock Option (right to	\$3.59	06/15/2022			A		25,000		(1)	0	6/14/2032	Comr		25,000	\$0.00	25,00	0	D ⁽²⁾		

Explanation of Responses:

- 1. The shares subject to the option will vest on on the earlier of June 15, 2023 or the 2023 annual stockholder meeting, subject to the Reporting Person's continuous service through each such vesting date.
- 2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the option for the benefit of the RA Capital Healthcare Fund, L.P. (the "Fund"), RA Capital Nexus Fund II, L.P. (the "Nexus Fund II") and a separately managed account (the "Account"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received upon exercise of the option, which will offset advisory fees owed by the Fund, Nexus Fund II and the Account to the Adviser. The Reporting Person therefore disclaims beneficial ownership of the option and underlying common stock.

Remarks:

buy)

/s/ Katherine Denby, Attorneyin-Fact

06/17/2022

** 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.