SEC Form 4	
FORM 4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549
Check this box if no longer subject to Section 16. Form 4 or Form 5 Obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Instruction 1(b).	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 <sup>*</sup> <u>RA CAPITAL MANAGEMENT, L.P.</u>					2. Issuer Name and Ticker or Trading Symbol <u>Acumen Pharmaceuticals, Inc.</u> [ ABOS ]						(Check al	nship of Reporting I applicable) Director	,	ssuer Owner	
(Last) 200 BER	`	irst) TREET, 18TH F	(Middle) LOOR		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2022							Officer (give title below)	Oth belo	er (specify w)	
(Street) BOSTO		IA	02116	4	4. If Ame	endment,	, Date	e of Original F	iled (Month/E	Day/Year)		Line)	ual or Joint/Group Form filed by One Form filed by More Person	Reporting Per	son
(City)	(8	State)	(Zip)												
		Та	able I - Non-D	erivat	tive Se			cquired, I	Disposed	of, or B	enefici	ally Ow	/ned		
1. Title of Security (Instr. 3) Date (Month/D				te	Execution Date,			Code (Ir	e, Transaction Disposed Of (D) (Instr. 3, 4 a Code (Instr.					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	V Amour	it (A) (D)	or Pric	Tr	ansaction(s) astr. 3 and 4)		(1150.4)
			Table II - De (e.g					quired, Di ts, option					ed		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transa Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ies g	Derivati Security	ve derivative Securities	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
. ,	Derivative Security		(Month/Day/Year)	8)		Acquire (A) or Dispose of (D) (II	d d nstr.					(Instr. 5	) Beneficially Owned Following Reported Transaction(s (Instr. 4)	or Indirect (I) (Instr. 4)	(Instr. 4)
			(Month/Day/Year)	8) Code	v	Acquire (A) or Dispose of (D) (II	d nstr. 5)	Date Exercisable	Expiration Date			(Instr. 5	Owned Following Reported Transaction(s	or Indirect (I) (Instr. 4)	(Instr. 4)
Stock Option (Right to Buy)		06/15/2022	(Month/Day/Year)		v	Acquire (A) or Dispose of (D) (Iı 3, 4 and	d nstr. 5)			(Instr. 3 an	Amount or Number of		Owned Following Reported Transaction(s	or Indirect (I) (Instr. 4)	(Instr. 4) See footnotes <sup>(1)</sup> (2)(3)
Stock Option (Right to Buy) 1. Name ar	\$3.59 Address of	06/15/2022 Reporting Person		Code	v	Acquire (A) or Dispose of (D) (lı 3, 4 and (A)	d nstr. 5)	Exercisable	Date	(Instr. 3 an Title	Amount or Number of Shares		Owned Following Reported Transaction(s (Instr. 4)	or Indirect (I) (Instr. 4) )	See footnotes <sup>(1)</sup>

OMB APPROVAL

3235-0287

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OMB Number:

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(Last)	(First)	(Middle)
200 BERKELF	EY STREET, 18TH	FLOOR
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
	ress of Reporting Perso Healthcare Fund	
(Last)	(First)	(Middle)
200 BERKELE	EY STREET, 18TH	FLOOR
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Addr	ess of Reporting Perso	n*
RA Capital	<u>Nexus Fund II, I</u>	<u>L.P.</u>
(Last)	(First)	(Middle)
200 BERKELE	EY STREET, 18TH	FLOOR
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)

1.	Name	and	Address	of	Reporting	Person*
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(Last)	(First)	(Middle)
C/O RA CAPI	TAL MANAGEME	NT, L.P.
200 BERKELI	EY STREET, 18TH	FLOOR
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
1 Name and Add	ress of Penorting Perso	n*
1. Name and Add Shah Rajeev	ress of Reporting Perso	n
	1 0	'n
	1 0	n* (Middle)
Shah Rajeev	<u>/ M.</u>	(Middle)
Shah Rajeev (Last) C/O RA CAPI	/ <u>M.</u> (First)	(Middle) NT, L.P.
Shah Rajeev (Last) C/O RA CAPI	/ M. (First) TAL MANAGEME	(Middle) NT, L.P.
Shah Rajeev (Last) C/O RA CAPI 200 BERKELI	/ M. (First) TAL MANAGEME	(Middle) NT, L.P.

## Explanation of Responses:

1. RA Capital Management, L.P. (the "Adviser") is the investment manager for 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 general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky, and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

2. The shares subject to the option will vest on on the earlier of June 15, 2023 or the 2023 annual stockholder meeting, subject to Laura Stoppel's continuous service through each such vesting date.

3. Laura Stoppel is a Principal of the Adviser who serves on the Issuer's board of directors. Under Ms. Stoppel's arrangement with the Adviser, Ms. Stoppel holds the option for the benefit of the Fund, the Nexus Fund II and the Account. Ms. Stoppel 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, the Nexus Fund II, and the Account to the Adviser. The Reporting Persons therefore disclaim beneficial ownership of the option and underlying common stock.

## **Remarks:**

Laura Stoppel, a Principal of the Adviser, serves on the Issuer's board of directors.

/s/ Peter Kolchinsky, Manager of RA Capital Management, L.P.	<u>06/21/2022</u>
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Healthcare Fund <u>GP, LLC the General Partner of</u> <u>RA Capital Healthcare Fund,</u> L.P.	<u>06/21/2022</u>
/s/ Peter Kolchinsky, Manager of RA Capital Nexus Fund II GP, LLC the General Partner of RA Capital Nexus Fund II, L.P.	<u>06/21/2022</u>
/s/ Peter Kolchinsky, individually	06/21/2022
<u>/s/ Rajeev Shah, individually</u> ** Signature of Reporting Person	<u>06/21/2022</u> 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.