FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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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 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name ar Stoppe	l Laura	Reporting Person*	(Middle)		3. E	Issuer Name and Ticker or Trad Acumen Pharmaceutica Date of Earliest Transaction (Mc 06/10/2024					s, Inc. [ABOS]			eck all app	licable) tor er (give title	or (give title		ner pecify
C/O RA CAPITAL MANAGEMENT 200 BERKELEY STREET, 18TH FLOOR				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting						
(Street)	N M	A	02116	Ru	ule '	10b5-	1(c)	Trans	acti	on Ind	ication		Pers		re tnar	1 One Repor	ung	
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a co satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruc													
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Transau Date (Month/Date)					Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		Benefi Owned	ies cially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	Amount (A) or (D)		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)		of		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$2.62	06/10/2024			A		25,000		(1)	0	06/09/2034	Common Stock	25,000	\$0	25,00	0	D ⁽²⁾	

Explanation of Responses:

- 1. The shares subject to the option will vest on the earlier of June 10, 2025 or the 2025 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 R.A. Capital Healthcare Fund, L.P. (the "Fund"), R.A. 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:

/s/ Derek Meisner, Attorney-in-Fact

06/10/2024

** 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.