FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
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OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																	_	
1. Name and Address of Reporting Person* Ware J. Anthony						2. Issuer Name and Ticker or Trading Symbol ANAPTYSBIO, INC [ANAB]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
wate J. Anthony									_		_			✓ Direc			10% Ov	·	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/07/2025								Office below	r (give title		Other (s below)	specify	
C/O ANAPTYSBIO, INC.						01/07/2023													
10770 WATERIDGE CIRCLE, SUITE 210						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														Form filed by One Reporting Person					
SAN DIEGO CA 92121													Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date			, Transaction Dispos Code (Instr. 5)			ties Acquire I Of (D) (Ins		Benefic Owned	es For ally (D) following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		nsaction(s) tr. 3 and 4)			(Instr. 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 I if any (Month/Day	Date,	4. Transaction Code (Instr. 3)		of		6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$14.83	01/07/2025			Α		16,510		(1)	0	1/06/2035	Common Stock	16,510	\$0	16,51	0	D		
Restricted Stock Unit	(2)	01/07/2025			Α		6,030		(3)		(3)	Common Stock	6,030	\$0	6,030	0	D		

Explanation of Responses:

- 1. The stock option vests as to 1/12 of the total shares monthly commencing on Februray 7, 2025 until fully vested, subject to the Reporting Person's provision of service to the Issuer on each vesting date.
- 2. Each restricted stock award ("RSU") represents a contingent right to receive 1 share of the Issuer's Common Stock upon settlement for no consideration.
- 3. The RSUs vests as to 100% of the total RSUs on the date of the Issuer's 2026 annual meeting of shareholders, subject to the Reporting Person's provision of service to the Issuer on each vesting date.

/s/ Eric Loumeau, Attorney-in-01/07/2025 Fact

** 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.