

OMB APPROVAL	
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	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 Instruction 10.

1. Name and Address of Reporting Person* <u>Cormorant Asset Management, LP</u> (Last) (First) (Middle) 200 CLARENDON STREET 52ND FLOOR (Street) BOSTON MA 02116 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>OnKure Therapeutics, Inc. [OKUR]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Former 10% Owner
	3. Date of Earliest Transaction (Month/Day/Year) 05/15/2025	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Common Stock	05/15/2025		s		1,813,439	D	\$1.8545 ⁽²⁾	0	I	See Footnote ⁽¹⁾

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 Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
Cormorant Asset Management, LP
 (Last) (First) (Middle)
 200 CLARENDON STREET
 52ND FLOOR
 (Street)
 BOSTON MA 02116
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Cormorant Global Healthcare Master Fund, LP
 (Last) (First) (Middle)
 200 CLARENDON STREET
 52ND FLOOR
 (Street)
 BOSTON MA 02116
 (City) (State) (Zip)

1. Name and Address of Reporting Person*

[Cormorant Private Healthcare Fund III LP](#)

(Last) (First) (Middle)

200 CLARENDON STREET
52ND FLOOR

(Street)

BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Cormorant Private Healthcare Fund IV LP](#)

(Last) (First) (Middle)

200 CLARENDON STREET
52ND FLOOR

(Street)

BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Cormorant Private Healthcare Fund V LP](#)

(Last) (First) (Middle)

200 CLARENDON STREET
52ND FLOOR

(Street)

BOSTON MA 02116

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Chen Bihua](#)

(Last) (First) (Middle)

C/O CORMORANT ASSET MANAGEMENT, LP
200 CLARENDON STREET, 52ND FLOOR

(Street)

BOSTON MA 02116

(City) (State) (Zip)

Explanation of Responses:

1. Cormorant Asset Management, LP serves as the investment manager to Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), Cormorant Private Healthcare Fund III, LP ("Fund III"), Cormorant Private Healthcare Fund IV, LP ("Fund IV") and Cormorant Private Healthcare Fund V, LP ("Fund V"). Cormorant Global Healthcare GP, LLC, Cormorant Private Healthcare GP III, LLC, Cormorant Private Healthcare GP IV, LLC and Cormorant Private Healthcare GP V, LLC serve as the general partners of the Master Fund, Fund III, Fund IV and Fund V, respectively. Bihua Chen serves as the managing member of Cormorant Global Healthcare GP, LLC, Cormorant Private Healthcare GP III, LLC, Cormorant Private Healthcare GP IV, LLC and Cormorant Private Healthcare GP V, LLC, and the general partner of Cormorant Asset Management, LP.

2. Represents the weighted average sale price of Class A Common Stock (the "shares") sold in a series of open market transactions on the transaction date ranging from \$1.85 to \$2.03 per share. The Reporting Persons undertake to provide, upon request by the staff of the Securities and Exchange Commission, the issuer, or a security holder of the issuer, full information regarding the number of shares sold at each price.

[CORMORANT ASSET MANAGEMENT, LP](#) By: [/s/ Bihua Chen, Managing Member](#) [05/19/2025](#)

[CORMORANT GLOBAL HEALTHCARE MASTER FUND, LP](#) By: [Cormorant Global Healthcare GP, LLC, its General Partner](#) By: [/s/ Bihua Chen, Managing Member](#) [05/19/2025](#)

[CORMORANT PRIVATE HEALTHCARE FUND III, LP](#) By: [Cormorant Private Healthcare GP III, LLC, its General Partner](#) By: [/s/ Bihua Chen, Managing Member](#) [05/19/2025](#)

CORMORANT PRIVATE HEALTHCARE FUND IV, LP
By: Cormorant Private Healthcare GP IV, LLC, its General Partner
By: /s/ Bihua Chen, Managing Member
CORMORANT PRIVATE HEALTHCARE FUND V, LP
By: Cormorant Private Healthcare GP V, LLC, its General Partner
By: /s/ Bihua Chen, Managing Member
/s/ Bihua Chen

** Signature of Reporting Person	Date
	<u>05/19/2025</u>
	<u>05/19/2025</u>

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.