FORM 4

UNITI

Washington, D.C. 20549

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Washington, D.O. 20049	OMB APP	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-

OMB Number:	3235-0287
Estimated average burd	en
hours ner resnonse.	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 exist the office of the indicate of the restrict of the office of the section. to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Kaplan Brett (Last) (First) (Middle) C/O ELIEM THERAPEUTICS, INC., PMB #117,						2. Issuer Name and Ticker or Trading Symbol Eliem Therapeutics, Inc. [ELYM] 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2024						clelationship of Reporting Person(s) to Issuer eck all applicable) Director 10% Owner Officer (give title Other (specify below) Chief Operating Officer				ner
2801 CENTERVILLE ROAD 1ST FLOOR (Street) WILMINGTON DE 19808 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) Form filed by One Reporting Person Form filed by More than One R						rting Person					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date (Month/Date)						Execution Date, Transaction Disposed Of (D) (Instr. 3,			ed (A) or	5. Amoun Securities Beneficia	Form: (D) or		n: Direct Ir r Indirect B	7. Nature of ndirect		
					(4) or		r Price	Owned For Reported Transacti (Instr. 3 a	l ion(s)			Ownership 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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Code	nsaction Derivative I			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly	Ownership of Inc Form: Bene Direct (D) Own	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$5.95	08/26/2024		A		465,000		(1)	08/25/2034	Common Stock	465,000	\$0.00	465,000	0	D	
Restricted Stock Units	(2)	08/26/2024		A		77,500		(3)	(3)	Common Stock	77,500	\$0.00	77,500)	D	

Explanation of Responses:

- 1. This option was granted on August 26, 2024 (the "Grant Date"). The shares underlying the option are scheduled to vest with respect to 25% of the shares on the first anniversary of the Grant Date and the remainder are scheduled to vest in 36 equal monthly installments through August 26, 2028, subject to the Reporting Person's continued service.
- 2. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the issuer's common stock upon vesting.
- 3. The RSUs were granted on the Grant Date and are scheduled to vest over four years, with 25% of the shares vesting on each of the first four anniversaries of the Grant Date, subject to the Reporting Person's continued service

/s/ Emily Pimblett, as Attorney-08/26/2024 in-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.