FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| houre per response: | | | | | | | | | |

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

| | | | | | _ | | . , | | investment (| . , | | | 1 | | | | | 1 |
|---|--|------------|-------------|--------|---|---|--|------|--|---|--|---|----------------------|--|---|--|--|--|
| 1. Name and Address of Reporting Person* Ratcliffe Liam | | | | | 2. Issuer Name and Ticker or Trading Symbol Eliem Therapeutics, Inc. [ELYM] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| | | | | | | | | | | | V | 4 | | | 10% Ow | · | | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/26/2024 | | | | | | | Officer below) | (give title | | Other (sp below) | pecify | |
| C/O ELIEM THERAPEUTICS, INC. | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Ctroot) | | | | | - | | | | | | | | J | Form f | led by One | Repo | rting Person | |
| (Street) WILMIN | IGTON | DE | 19808 | | | | | | | | | | | Form f Persor | | e than | One Report | ing |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | | | | | |
| Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intersatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | at is intended | to | | | | | | | | |
| | | Tal | ole I - Nor | n-Deri | vativ | e Se | curities | s Ac | quired, D | isposed | of, or B | enefi | cially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Day/Year) if a | | 2A. Deemed Execution Date, f any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) or d Of (D) (Instr. 3, 4 ar | | | es For ally (D) Following (I) (I | | Direct Control of the | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | Amour | t (A) | or P | rice | Transact | Reported Transaction(s) (Instr. 3 and 4) | | | nstr. 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. Conversio or Exercis Price of Derivative Security | | 3A. Deeme | Date, | 4. Transa Code (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) | | of Secu Underly Derivat | 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) | ly | 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 | Title | or | ount nber ires | | | | | |
| Stock Option (Right To Buy) | \$7.89 | 06/26/2024 | | | A | | 10,000 | | (1) | 06/25/203 | 4 Commo Stock | ⁿ 10, | ,000 | \$0 | 10,000 | | D | |

Explanation of Responses:

1. The shares subject to the option will vest on the earlier of June 26, 2025 or the day immediately prior to the next annual meeting of stockholders, subject to the Reporting Person's continuous service through such date.

> /s/ William Cowles, Attorneyin-Fact ** Signature of Reporting Person

06/28/2024

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.