FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number: 3235-03											
	Estimated average burden											

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 and Address of Reporting Person* <u>LOVE TED W</u>					2. Issuer Name and Ticker or Trading Symbol Structure Therapeutics Inc. [GPCR]								5. Relationship of Reporting Person(s) to Issuer Check all applicable) X Director 10% Owner					
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/03/2023								Officer below)	(give title		Other (s below)	pecify
C/O STRUCTURE THERAPEUTICS INC. 611 GATEWAY BLVD., SUITE 223				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) SOUTH SAN FRANCISCO CA 94080				Ru	Rule 10b5-1(c) Transaction Indication								Form filed by More than One Reporting Person					
(City) (State) (Zip)				- _ ,	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tabl	le I - No	n-Deriv	ative	Sec	curities	Ac	quired, D	isp	osed o	f, or Be	neficial	ly Owne	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst 5)			Securiti Benefici Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	t (A) or (D) Pri		Transac (Instr. 3	ction(s)			(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 Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exer Expiration D (Month/Day/		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiali Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares					
Stock option (right to buy)	\$10.57 ⁽¹⁾	08/03/2023			A		75,000		(2)	08/	/02/2033	Ordinary Shares ⁽³⁾	75,000	\$0.00	75,000		D	

Explanation of Responses:

- 1. The option exercise price per share is equal to the fair market value per Ordinary Share on the grant date based on the trading price of the Issuer's American Depositary Shares ("ADSs").
- 2. The shares vest in equal monthly installments over a three-year period such that the option is fully vested on the third anniversary of August 3, 2023.
- 3. The Ordinary Shares of the Issuer may be represented by ADSs. Each ADS represents three Ordinary Shares of the Issuer.

Remarks:

/s/ Jun Yoon, Attorney-in-Fact 08/04/2023

** Signature of Reporting Person

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.