FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	D C	20540
Washington,	D.C.	20049

STATEMENT	OF CHAN	GES IN BEI	NEFICIAL (OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

		Reporting Person*					r Name an ure Th				Symbol GPCR	1		elationship o		ng Pers	on(s) to Issi	uer	
Stevens	s Raymor	<u>ia C</u>			=	02 01 01		<u> </u>	Carres		. [01 01	J		X Directo	r		10% Ov	vner	
(Last)	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2024								below)	(give title		Other (s		
C/O STR	RUCTURE	THERAPEUTIC	CS INC.											CHIEF	EXEC	UTIVI	E OFFICE	R	
601 GATEWAY BLVD., SUITE 900					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SOUTH FRANCE	•	A	94080												ed by Mo		rting Persor		
	1500					Rule 10b5-1(c) Transaction Indication													
(City)											o satisfy								
		Та	ble I - No	n-Dei	rivativ	ve Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficiall	/ Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 of D) (Inst					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	(A) or (D)	Price	Transaction	orted saction(s) tr. 3 and 4)			msu. 4)		
Ordinary Shares 03/1					15/202	/2024		A ⁽¹⁾		134,682 A		\$0	1,198,346		j D				
Ordinary Shares														1,554	,586			See cootnote ⁽²⁾	
			Table II -								osed of, converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	rcise (Month/Day/Year) If tive	3A. Deemed Execution I if any (Month/Day	Date, Transa Code (nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Dat (Month/Day/Ye		е	7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisat		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (right to buy)	\$35.25	03/15/2024			A		335,481		(3)		03/14/2034	Ordinary Shares	335,481	\$0	335,4	481	D		

Explanation of Responses:

- 1. Represents the grant of restricted stock units ("RSUs"), each of which represents a contingent right to receive one ordinary share of the Issuer. The RSUs vest 1/4th annually on each anniversary of March 1, 2024, subject to Reporting Person's continued service on such dates.
- 2. By Raymond Stevens and Vivian Urena-Stevens, as Co-Trustees of the Stevens 2001 Revocable Trust, dated March 28, 2001.
- 3. 1/4th of the shares subject to the option shall vest March 1, 2025, and the remaining shares shall vest in 36 equal monthly installments thereafter, subject to the Reporting Person's continued service through each such vesting date

/s/ Jun Yoon, Attorney-in-Fact 03/19/2024

** 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.