FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Vashington.	D.C.	20549	

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l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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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 S	ection 30(I	h) of thè	İnvestm	nent Co	ompany Act o	f 1940							
Name and Address of Reporting Person* Farid Ramy					2. Issuer Name and Ticker or Trading Symbol Structure Therapeutics Inc. [GPCR]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				-	, ,												er (spe		
(Last) (First) (Middle) C/O STRUCTURE THERAPEUTICS INC. 611 GATEWAY BLVD., SUITE 223					3. Date of Earliest Transaction (Month/Day/Year) 02/07/2023								below)			beio	ow)		
(Street) SOUTH FRANCE		Č A	94080			4. If Ar	mendment	, Date of	Origina	al Filed	(Month/Day/	Year)			ed by C	oup Filing One Repo More than	rting Per	son	,
(City)	(\$	State)	(Zip)																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. 4. Securities Acquired (A) or Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 8)				Beneficially Owned Follow		Form: Di (D) or Inc		Indire Benef Owne	neficial nership			
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and 4				(Instr.	4)
Ordinary Shares 02/07/2				7/202	2023			С		642,245	A	(1)	3,260,495		I So		By Schro Inc.(2	odinger,	
			Table II								osed of, convertib			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea		3A. Deemed Execution D if any (Month/Day/	ate, Tr	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)			ties ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				C	Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Trans	ransaction(s)			
Series B Preferred Shares	(1)	02/07/2023			С		642,245			(1)	(1)	Ordinary Shares	642,245	(1)	0		I		By Schrodinge Inc. ⁽²⁾
American Depositary	(3)	02/07/2023		F	P ⁽⁴⁾		275,000			(3)	(3)	Ordinary Shares	825,000	\$15	27	75,000	I		By Schrodinge

Explanation of Responses:

- 1. All outstanding Preferred Shares automatically converted into Ordinary Shares immediately upon the closing of the Issuer's initial public offering, for no additional consideration at a rate of one Ordinary Share for each one Preferred Share, based on the conversion price currently in effect. The Preferred Shares have no expiration date.
- 2. The Reporting Person is President, Chief Executive Officer and a member of the board of directors of Schrodinger, Inc. ("Schrodinger") and may be deemed to share voting and dispositive power over the shares held by Schrodinger. The Reporting Person disclaims beneficial ownership of the shares held by Schrodinger.
- 3. Each American Depositary Share is convertible at any time, at the holder's election, into three Ordinary Shares of the Issuer. The American Depositary Shares have no expiration date.
- 4. The American Depositary Shares were purchased in the Issuer's initial public offering.

Remarks:

02/09/2023 /s/ Jun Yoon, Attorney-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.