FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | | | | | | | | | | | | | OME | | | APPROV | 'AL |
|---|---|--------------------------|--------------------------------------|----------|--|---------------------------|---|--------|-------------------------------------|--------------------|--|---|--|--|-----|---|--|
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | | | | |
| 1. Name and Address of Reporting Person* | | | | | | | | | ker or Trading | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
| Lin Charles Y | | | | | | Kronos Bio, Inc. [KRON] | | | | | | | | (Check all applicable) Director 10% Owner | | | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | Officer (give title Other (specify below) below) | | | | becify |
| C/O KRONOS BIO, INC. | | | | | 10/15/2024 | | | | | | | | Chief Scientific Officer | | | | |
| 1300 SO | . EL CAMI | NO REAL, SUI | TE 400 | | | | | | | | | | | | | | |
| (Street) | | | | | | Amer | ndment, I | Date o | of Original File | ed (Month/Da | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SAN MATEO CA 94402 | | | | | | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) (State) (Zip) | | | | | | Person | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/Di | | | | | | ar) E | A. Deemed xecution Date, any /onth/Day/Yea | | Code (Inst | on Disposed | | | 5. Amour Securitie Beneficia Owned F | s Forr ally (D) o ollowing (I) (I | | Direct o Indirect B | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | . (1 | nstr. 4) |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Deemed | <u> </u> | | | 5. Numt | | 6. Date Exerc | | 7. Title an | , | 8. Price of | 9. Number | of | 10. | 11. Nature |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | Execution D if any (Month/Day/ | C C | Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | y I | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
| | | | | C | ode | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Employee Stock Option (Right to Buy) | \$0.96 | 10/15/2024 | | | A | | 72,900 | | (1) | 10/14/2034 | Common Stock | 72,900 | \$0 | 72,900 | | D | |
| Explanatio | n of Respons | | | | | | | | | | | | | | | | |

1. 1/48th of the shares subject to the option vest in equal monthly installments over a four year period following October 15, 2024.

/s/ Allison Frisbee, Attorney-in-10/15/2024

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.