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 | | | | | | | | |
| hours per 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

| 1. Name and Address of Reporting Person* <u>Rizvi Naiyer</u> | | | <u>G</u> 1 | 2. Issuer Name and Ticker or Trading Symbol Gritstone bio, Inc. [GRTS] | | | | | | (Che | eck all applic | cable) or | Person(s) to Is | wner | | |
|--|---|------------|---|--|--|--|--|---------|--|-----------------------|---|---|---|--|--|--|
| (Last) | (F | irst) | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2024 | | | | | | | Officer (give title below) | | specify |
| C/O GRITSTONE BIO, INC. 5959 HORTON STREET, SUITE 300 | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) EMERY | VILLE C | A | 94608 | | R | 1 مارر | 10h5- | 1(c) | Transac | rtion Ind | ication | | Form fi Person | | than One Repo | orting |
| (City) | (5 | State) | (Zip) | | | Chec | k this box | to indi | | saction was n | nade pursua | | | n or written pl | an that is intende | d to |
| | | Tab | le I - Non- | -Deriv | vativ | e Sec | curities | s Ac | quired, Di | sposed c | f, or Be | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code V | Amount | (A) or (D) Price | | Transact | Reported Transaction(s) (Instr. 3 and 4) | | (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 | | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, | 4. Transaction Code (Instr. 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) | | 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) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$0.76 | 06/17/2024 | | | A | | 51,800 | | (1) | 06/16/2034 | Common Stock | 51,800 | \$0 | 51,800 | D | |

Explanation of Responses:

1. The option will vest and become exercisable on the earlier of (i) the first anniversary of the date of grant or (ii) the date of the next annual stockholder's meeting to the extent unvested as of such date, subject to continued service through the applicable vesting date.

/s/ James Cho, Attorney-in-Fact for Naiyer Rizvi 06/20/2024

** 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.