SEC For	m 4																		
	FORM	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549											SION	OMB APPROVAL				
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STATEMENT OF CHANGES IN BENEFICIAL OWNE Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											ΗP	Estim	OMB Number: 3235 Estimated average burden hours per response:		3235-0287 n 0.5	
1. Name and Address of Reporting Person [*] Lochner Daniel				2. Issuer Name and Ticker or Trading Symbol <u>Tectonic Therapeutic</u> , Inc. [TECX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) C/O TEC	st) (First) (Middle) D TECTONIC THERAPEUTIC, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/20/2024								Officer (give title Other (specify below) below) Chief Financial Officer					
490 ARSENAL WAY, SUITE 210					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATERTOWN MA 02472														Form filed by More than One Reporting Person					
(City)	(;	State)	Rule 10b5-1(c) Transaction Indication 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.																
		Та	ble I - No	n-Deriv	ative So	ecurities Ac	quire	d, D)isp	osed o	of, o	r Bene	ficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/E						2A. Deemed Execution Date, if any (Month/Day/Year	Cod	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and 5) Securities Beneficially Owned Folic		Form	Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Cod	e V	′	Amount	(A) or (D) Pr		Price	Reported Transaction(s) (Instr. 3 and 4)						
						curities Acqu ls, warrants								Dwned					
				ansaction ode (Instr.	Expirat	. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security			8. Price of Derivative Security (Instr. 5)	ive derivative y Securities		10. Ownership Form: Direct (D)	11. Nature of Indirec Beneficial Ownershi			

Security (Instr. 3)	or Exercise Price of Derivative Security	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr. 8)		Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(Month/Day/h	′ear)	Underlyin Derivative (Instr. 3 ar	Security	Security (Instr. 5)		Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)		
Employee Stock Option (Right to Buy)	\$16.8	06/20/2024		A		118,000		(1)	06/19/2034	Common Stock	118,000	\$0	118,000	D	

Explanation of Responses:

1. The shares subject to the option vest as to 25% of the shares on June 20, 2025 with the remainder vesting in the following 36 equal monthly installments, subject to the Reporting Person's continued service on each such vesting date and to certain change of control acceleration provisions.

/s/ Daniel Lochner

** Signature of Reporting Person

<u>06/24/2024</u> 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.