SEC For	m 4 FORM	4	UNITED	) STA	TES	S SE	CUR	ITIE	ES AND	ЕХСНА	NGE C	оммі	SSION				
		•					-		ngton, D.C. 20				• • •		ОМВ /	APPROV	/AL
Section obligat	this box if no lo 16. Form 4 or ions may contir tion 1(b).		STAT		ed pur	suant t	o Sectior	n 16(a	a) of the Secu	rities Exchan	ge Act of 1		SHIP	Estima	Number: ated ave per resp	erage burden	0.5
	nd Address of on Mark I	Reporting Person <sup>*</sup>				xson	ne The	erap	cker or Trading eutics, Ind	<u>c.</u> [ AXSM	1]	(Ch		cable) or (give title	g Perso	10% Ow Other (sj	ner
(Last) C/O AXS		irst) ERAPEUTICS, I	(Middle) NC.			Jate of /27/20		Iran	saction (Mont	h/Day/Year)			Delow)		TING	below)	R
ONE WO	ORLD TRA	DE CENTER, 2	2ND FLO	OR	4.1	f Amei	ndment, I	Date	of Original File	ed (Month/Da	ay/Year)	Line	,			(Check App	
(Street) NEW YO	ORK N	Y	10007											iled by More	•	One Report	
(City)	(S	tate)	(Zip)		R	ule ´	10b5-	1(c)	) Transad	ction Ind	ication	·					
									licate that a trar e defense condi					n or written p	plan tha	t is intended	to
		Tab	ole I - Nor	-Deriv	ativ	e Sec	curities	s Ac	quired, Di	sposed o	of, or Be	neficiall	y Owned				
1. Title of \$	Security (Inst	tr. 3)		2. Trans Date (Month/		ear)   E	A. Deemo Execution f any Month/Da	Date	Code (Ins	on Disposed	ties Acquire d Of (D) (Ins		Beneficia Owned F	s ally ollowing	Form:	Direct c Indirect E str. 4) C	7. Nature of Indirect Beneficial Dwnership
									Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)
		•							uired, Dis s, options,				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and	ive ies ed ed nstr.	6. Date Exerc Expiration Da (Month/Day/)	ate	7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly I	10. Ownership Form: Direct (D) or Indirect (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					
Employee Stock Option (Right to Buy)	<b>\$</b> 84	02/27/2024			A		32,825		(1)	02/26/2034	Common Stock	32,825	\$0.00	32,825	5	D	
Restricted Stock Units	(2)	02/27/2024			A		18,027		(3)	(3)	Common Stock	18,027	\$0.00	18,027	,	D	

## Explanation of Responses:

1. The option will vest in substantially equal quarterly installments over four years such that the option will be fully vested on February 27, 2028.

2. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's common stock.

3. 25% of the RSUs will vest on the one (1) year anniversary of the date of grant. The remaining RSUs will vest in in three substantially equal annual installments, such that the RSUs will be fully vested on February 27, 2028. Vested shares will be delivered to the reporting person upon the earlier of (i) the closing of a Change in Control (as defined in the Issuer's Amended and Restated 2015 Omnibus Incentive Compensation Plan (the "Plan"), (ii) the reporting person's separation of service from the Issuer (including termination with or without Cause (as defined in the Plan), or termination due to death or disability), or (iii) seven (7) years from the date of grant.

/s/ Mark Jacobson
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\*\* Signature of Reporting Person

02/29/2024 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.