## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGES	S IN BENEFIC	IAL OWNERSH	IΡ

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).

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-

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*  Lenz Robert A.					2. Issuer Name and Ticker or Trading Symbol Neumora Therapeutics, Inc. [ NMRA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
						[ Time [ Time [ Time ] ]									Direc	ector 10%		10% Ov	vner	
					_										Office			Other (s	specify	
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)														
C/O NEUMORA THERAPEUTICS, INC.					09/12/2024									Head of R&D						
490 ARSENAL WAY, SUITE 200																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)								r) (	6. Individual or Joint/Group Filing (Check Applicable						
(Street)							,, 3, <u>-</u> ,									Line)				
WATER	ΓOWN	MA	. 0.	2472											1					
															Form filed by More than One Re Person				One Repo	orting
(City)		(Stat	te) (Z	Zip)			r etsui													
(- 3)		(	(	1.7																
			Table	I - N	Ion-Deriva	tive	Secui	rities	Ac	quir	ed, Di	sposed o	of, or	Benefic	cially	Own	ed			
1. Title of S	Security (I	Instr	. 3)		2. Transaction					3. 4. Securities Acquired (A) or										7. Nature
Date (Month/Day/Ye				ear) i	fany	on Date, Day/Year)		Transaction Code (Instr. 8)  Disposed Of (D) (Instr. 8)			f (D) (Instr. 3, 4 aı		d 5) Securi Benefi			Form:   (D) or		of Indirect Beneficial		
			` .	(Month/D													Ownership (Instr. 4)			
									Code	$ v _{\lambda}$	Amount	(A) or	Price	Trai		nsaction(s) tr. 3 and 4)			(	
											+		(D)		<u> </u>		3 and 4)			
Common Stock 09/12/202					4				$S^{(1)}$		32,948	D	\$11.43	321 <sup>(2)</sup>	369,993			D		
			Tal	اماد	I - Derivati	VA S	ocurit	tioe /	\ca	uiro	d Diei	nosad of	or B	onofici	ally (	)wno			<u> </u>	
			Tur	JIC 11								converti				, wile.				
1. Title of	2.	Т	3. Transaction	3А. Г	Deemed	4.		5. Nu	mbe	r 6. r	Date Exe	rcisable and	7. Ti	le and	8. P	rice of	9. Number	of 1	0.	11. Nature
Derivative	Conversion	on	Date (Month/Day/Year)	Exec	cution Date,	Trans	action	of		Expiration Date			Amo	unt of	Der	ivative	e derivative		Ownership	of Indirect
Security (Instr. 3)	or Exercise Price of				if any (Month/Day/Year)		(Instr.	Derivative Securities					Und	rities erlying	Security (Instr. 5)		Securities Beneficially	y   🗅	Form: Direct (D)	Beneficial Ownership
Derivative Security									Acquired (A) or					Derivative Security (Instr.			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)
						Disposed							Reported		- 1	., (,				
								of (D) (Instr. 3, 4								Transaction(s) (Instr. 4)				
		- 1					and 5)		5)						_					
														Amoun	t					
									_	L		Number	r							
		- 1				Code V (A)			(D)	(D) Exercisa		Expiration Date	ו Title	of Shares						

## **Explanation of Responses:**

- 1. Transaction made pursuant to a Rule 10b5-1 instruction letter adopted on June 12, 2024 to satisfy the Reporting Person's tax withholding obligation upon the vesting of restricted stock units.
- 2. This transaction was executed in multiple trades in prices ranging from \$11.22 to \$11.6050, inclusive. The price reported in Column 4 above reflects the weighted average sale price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.

/s/ Joshua Pinto, as Attorneyin-Fact for Robert A. Lenz

09/16/2024

\*\* 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.