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

Name and Address of Reporting Person*     Pinto Joshua					2. Issuer Name <b>and</b> Ticker or Trading Symbol Neumora Therapeutics, Inc. [ NMRA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last)	UMORA	(Firs	st) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/17/2024									Officer (give title Other (specify below)  Chief Financial Officer				
490 ARSENAL WAY, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WATER	ΓOWN	MA	. 0	2472			Form filed by One Repr Form filed by More that Person												
(City)	City) (State) (Zip)					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 interesting satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ended to							
			Table	I - No	n-Deriva	tive S	Secu	rities	Acc	uired	, Dis	posed of	, or B	enefici	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/						Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3 5)			ed (A) or str. 3, 4 an	Benefici Owned	es ally Following	Form (D) or	: Direct	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 04/17/20					024				<b>G</b> <sup>(1)</sup>		238,965	D	\$0	238	238,965			See footnote <sup>(2)</sup>	
Common Stock														85	85,000		D		
			Tal	ble II ·								osed of, convertib				d			
1. Title of Derivative Security (Instr. 3)	I. Title of 2. 3. Transaction Date Execution Derivative or Exercise (Month/Day/Year) if any				tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expira (Month	tion D		7. Title Amour Securi Underl Deriva Securi 3 and 4	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
						Code	\v	(A)	(D)	Date Exerci	sable	Expiration Date		of Shares					

## **Explanation of Responses:**

1. On April 8, 2024, the Reporting Person transferred 238,965 shares of Common Stock to a family limited liability company (the "Family LLC") in a transaction exempt from reporting pursuant to Rule 16a-13. The transaction reported herein reflects the transfer for no consideration of membership interests in the Family LLC to a trust of which the Reporting Person is a beneficiary for estate planning purposes. The Reporting Person continues to exercise investment control over the Common Stock held by the Family LLC.

2. Shares held by Maple DE Holdings LLC, which is the entity defined above as "Family LLC".

06/28/2024 /s/ Joshua Pinto

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.