FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject
o Section 16. Form 4 or Form 5
bligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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* Gosebruch Henry O					2. Issuer Name and Ticker or Trading Symbol Neumora Therapeutics, Inc. [NMRA]									(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Last) (First) (Middle) C/O NEUMORA THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 09/19/2023										v Off	Officer (give title Other (cp				
490 ARSENAL WAY, SUITE 200				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Individual or Joint/Group Filing (Check Applicable ine)						
(Street) WATER	TOWN M	MA 02472														X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip)				Ru	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.														
		Table	1-	Non-Deriva	tive	Secu	rities	Acq	uir	red, Di	isposed	of, c	or E	3eneficia	lly Ow	ned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Dat if any (Month/Day/Yo		Date,	Cod	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Cod	de	V A	mount	(A) or (D)	P	Price		ted action(s) 3 and 4)						
Common	Stock			09/19/2023				P			15,000	A	4	\$12.6247 ⁽¹	.7(±) 15 000				See Footnote ⁽²⁾	
Common	Stock														1 127 448 I I I I				See Footnote ⁽³⁾	
Common	Stock														38	32,345		D		
		Tal	ble	II - Derivati (e.g., pu										eneficiall curities)	y Own	ed				
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if ar						Transaction of Code (Instr. D) S A		osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			A S U D S	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price o Derivative Security (Instr. 5)	derivat Securi Benefi Owned Follow Report Transa	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date D) Exercisa		Expiration le Date		itle	Amount or Number of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$12.465 to \$12.65, inclusive. 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 purchased at each respective price within the range set forth in this footnote.
- 2. Shares held by HG4KYC TRUST, of which Reporting Person is trustee.
- 3. Shares held by Lu Leng Felicia Chua Descendants 2012 Irrevocable Trust, of which Reporting Person is trustee.

/s/ Joshua Pinto, as Attorney-

in-Fact for Henry O.

09/19/2023

Gosebruch

** 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.