SEC For	rm 4 FORM	4 U	JNITED S	STAT	ES	SE	CUR	ITIE	ES AND	EXCHA	NGE C	юмм	ISSION				
Washington, D.C. 20549														OMB APPROVAL			VAL
Section obligat	this box if no lo n 16. Form 4 or tions may contin tion 1(b).		IT OF CHANGES IN BENEFICIAL OWNE pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940								Estimat			Number: 3235-0287 ated average burden per response: 0.5			
1. Name and Address of Reporting Person* <u>GRAYZEL DAVID S.</u>					2. Issuer Name and Ticker or Trading Symbol <u>Aerovate Therapeutics, Inc.</u> [AVTE]								neck all appli X Directo	cable) or	10% C		vner
(Last) (First) (Middle) C/O AEROVATE THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/03/2022								Officer below)	Officer (give title velow)		Other (specify below)	
930 WINTER STREET, SUITE M-500 (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person				
WALTHAM, MA 02451													Form filed by More than One Reporting Person				
(City)	(S	tate)															
		Tab	le I - Non-D	Deriva	tive	Sec	uritie	s Ac	quired, D	isposed o	of, or Be	neficia	lly Owned	ł			
1. Title of Security (Instr. 3) Date (Month/Date)					r) if	A. Deem (ecutior any Ionth/Da	n Date	e, Transaction Dispose Code (Instr. 5)		ities Acquir d Of (D) (Ins		Benefici Owned F	es For ally (D) Following (I)		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V	Amount	(A) o (D)	r Price	Reporter Transac (Instr. 3	tion(s)			(Instr. 4)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code (Ir				tive ties red sed 3, 4	6. Date Exerc Expiration D (Month/Day/N	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to	\$10.93	01/03/2022		А	(1)		7,317		(1)	01/02/2032	Common Stock	7,317	\$6.56	7,317	,	D ⁽²⁾	

Explanation of Responses:

1. This option was avarded in lieu of cash compensation pursuant to the Issuer's Non-Employee Director Compensation Policy. The shares underlying such option shall vest and become exercisable in four substantially equal installments, with the first installment vesting on March 31, 2022, the second installment vesting on June 30, 2022, the third installment vesting on September 30, 2022, and the fourth installment vesting on December 31, 2022.

2. This option was granted to the Reporting Person, a director of the Issuer. The proceeds of any sale of shares of common stock issued to the Reporting Person upon exercise of this option will be transferred to Atlas Venture Life Science Advisors, LLC and as such, the Reporting Person disclaims ownership of such securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, except to the extent of his pecuniary interest therein, if any.

 /s/ Ommer Chohan, Attorneyin-Fact
 01/05/2022

 ** 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.