FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-02										
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

					_			,			ompany Act							
1. Name and Address of Reporting Person*  Cheng Andrew						2. Issuer Name and Ticker or Trading Symbol Akero Therapeutics, Inc. [ AKRO ]							(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable)				
Cheng Andrew														X Direct	or		10% Ov	vner
(Last)	(First) (Middle)					Date of Earliest Transaction (Month/Day/Year)							-	X Office below	r (give title )			specify
C/O AKERO THERAPEUTICS, INC.						12/01/2022									President & CEO			
601 GATEWAY BOULEVARD, SUITE 350																		
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
SOUTH	( )	A	94080											X Form filed by One Reporting Person				n
FRANCISCO			_										Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execu		A. Deemed xecution Date, any lonth/Day/Year)		Transaction Disposed Code (Instr.		es Acquired Of (D) (Insti		Benefic Owned	es Fo ially (D) Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)
Common Stock 12/01/2				/2022	2022		M <sup>(1)</sup>		10,000	A	\$0.61	5 32	0,148		D			
Common Stock 12/01/2			/2022	2022		<b>S</b> <sup>(1)</sup>		10,000	D	\$46.07	31	0,148		D				
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 Date, if any		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e S Illy	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$0.615	12/01/2022			<b>M</b> <sup>(1)</sup>			10,000	(3)		10/17/2028	Common Stock	10,000	\$0.00	210,86	58	D	

## **Explanation of Responses:**

- 1. The reported transaction was effected pursuant to a Rule 10b5-1 trading plan dated December 2, 2021, previously adopted by the reporting person.
- 2. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$45.79 to \$46.62, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in footnote (2) to this Form 4.
- 3. The options are vested and currently exercisable.

## Remarks:

/s/ Jonathan Young, Attorney-

12/02/2022

in-Fact

\*\* 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.