FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

1. Name an	d Address	of Reporting Person*			2. Is	suer	Name a	and Ticl	ker or Tra	ding :	,					ip of Reporti	ng Pe	erson(s) to I	ssuer	
Atlas Venture Opportunity Fund I, L.P.					$\frac{Ak}{}$	Akero Therapeutics, Inc. [ AKRO ]									neck all ap Dire			X 10% (	Owner	
(Last) (First) (Middle) 400 TECHNOLOGY SQUARE						3. Date of Earliest Transaction (Month/Day/Year) 02/07/2020										er (give title w)		Other below	(specify )	
10TH FLOOR					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CAMBRIDGE MA 02139															X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(	State) (	Zip)																	
		Tab	le I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	eficia	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Ei () if	2A. Deemed Execution Date, if any (Month/Day/Year)				ties Acquired (A) d Of (D) (Instr. 3, 4			Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
										v	Amount (A) or (D) Pr		Price	Transa	ransaction(s) nstr. 3 and 4)			(IIISU. 4)		
Common Stock 02/07/2					2020				J <sup>(1)</sup>		50,510	0 D \$		\$0.00	) 40	404,079		T I	See footnote <sup>(2)</sup>	
		Ta									sed of, onvertib				Owned					
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 (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)			3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Di or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	or	ount nber res						

## Explanation of Responses:

- 1. Represents a pro rata distribution, and not a purchase or sale of securities, by Atlas Venture Opportunity Fund I, L.P. ("AVO I") to its general partner and limited partners without additional consideration, pursuant to the AVO I's 10b5-1 plan dated July 26, 2019.
- 2. These shares are owned directly by AVO I. Atlas Venture Associates Opportunity I, L.P. ("AVAO LP") is the general partner of AVO I. Atlas Venture Associates Opportunity I, LLC ("AVAO LLC") is the general partner of AVAO LP. Each of AVAO LP and AVAO LLC disclaims Section 16 beneficial ownership of the securities held by AVO I, except to the extent of its pecuniary interest therein, if any.

## Remarks:

Atlas Venture Opportunity
Fund I, L.P., By: Atlas Venture
Associates Opportunity I, L.P.,
its general partner, By: Atlas
Venture Associates
Opportunity I, LLC, its general
partner, By: Ommer Chohan,
Chief Financial Officer

\*\* Signature of Reporting Person Dat

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

- \* 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.