SEC	Form	4
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

			Washington, D.C. 20049			PROVAL
	if no longer subject Form 4 or Form 5 / continue. See	STATEN	IENT OF CHANGES IN BENEFICIAL OW	OMB Number: Estimated average hours per respons		
Instruction 1(b)			Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 or Section 30(h) of the Investment Company Act of 1940		0.0	
1. Name and Addr <u>Rolph Timo</u>	ess of Reporting Pe <u>thy</u>	erson*	2. Issuer Name and Ticker or Trading Symbol <u>Akero Therapeutics, Inc.</u> [AKRO]	(Check all applied) Directo	or 10	0% Owner
(Last) 601 GATEWA	(First) Y BOULEVARD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2024	below)		other (specify elow) cer
SUITE 350			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)	Joint/Group Filing (Ch	
(Street) SOUTH SAN	СА	94080			iled by One Reporting iled by More than One i	
FRANCISCO						

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 I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	06/11/2024		S ⁽¹⁾		2,380	D	\$22.641(2)	180,178	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 (Month/Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Deriv	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. The Issuer has adopted a "sellto-cover" policy to satisfy the tax withholding obligations of the Reporting Person. Such sales were automatic and not at the discretion of 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 \$22.640 to \$22.760, 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 ranges set forth in this footnote.



** 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.

(City) (State) (Zip)