FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden

hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 3. Issuer Name and Ticker or Trading Symbol 2. Date of Event 1. Name and Address of Reporting Person* Requiring Statement Akero Therapeutics, Inc. [AKRO] **Skorpios Trust** (Month/Day/Year) 06/21/2021 4. Relationship of Reporting Person(s) to 5. If Amendment, Date of Original (Last) (First) (Middle) Filed (Month/Day/Year) Issuer (Check all applicable) 195 ARCH. MAKARIOS III AVE. X 10% Owner Director 6. Individual or Joint/Group Filing **NEOCLEOUS HOUSE** (Check Applicable Line) Officer (give Other (specify title below) below) Form filed by One Reporting Person (Street) Form filed by More than One LIMASSOL G4 3030 Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership 4. Nature of Indirect Beneficial Beneficially Owned (Instr. Form: Direct Ownership (Instr. 5) (D) or Indirect (I) (Instr. 5) Common Stock 4,907,829 See Footnote⁽¹⁾ Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3. Title and Amount of Securities 6. Nature of 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Ownership **Underlying Derivative Security** Conversion Indirect Beneficial **Expiration Date** (Month/Day/Year) (Instr. 4) or Exercise Form: Ownership (Instr. Direct (D) Price of 5) Amount Derivative or Indirect (I) (Instr. 5) or Security Number oiration of Title **Shares**

			Date Exercisable	Exp Dat	
1. Name and Addi Skorpios Tr		g Person [*]			
(Last)	(First)	(Mi	(Middle)		
195 ARCH. M	AKARIOS II	I AVE.			
NEOCLEOUS	HOUSE				
(Street) LIMASSOL	G4	303	3030		
(City)	(State)	(Zip	(Zip)		
1. Name and Addr	•	-			
(Last)	(First)	(Mi	ddle)		
195 ARCH. MAKARIOS III AVE.					
NEOCLEOUS	HOUSE				
(Street) LIMASSOL	G4	303	30		
(City)	(State)	(Zip))		
1. Name and Addr	ess of Reporting	g Person [*]			

Ezbon International Ltd						
(Last)	(First)	(Middle)				
195 ARCH. MAKARIOS III AVE.						
NEOCLEOUS	HOUSE					
(Street)						
LIMASSOL	G4	3030				
(City)	(State)	(Zip)				
Name and Address of Reporting Person* Montrago Trustees Ltd						
(Last)	(First)	(Middle)				
195 ARCH. MAKARIOS III AVE.						
NEOCLEOUS HOUSE						
(Street)						
LIMASSOL	G4	3030				
(City)	(State)	(Zip)				

Explanation of Responses:

1. Blue Horizon Enterprise Ltd. ("Blue Horizon") is the direct owner of 2,346,298 shares of the issuer's common stock and Ezbon International Limited ("Ezbon") is the direct owner of 2,561,531 shares of the issuer's common stock. Skorpios Trust ("Skorpios") is the sole owner of each of Blue Horizon and Ezbon. Montrago Trustees Limited ("Montrago Trustees") is the corporate trustee of Skorpios Trust. Each of Blue Horizon and Ezbon disclaim beneficial ownership of the shares of the issuer's common stock held by the other, and each of Skorpios Trust and Montrago Trustees disclaim beneficial ownership of the issuer's securities except to the extent of their pecuniary interest therein.

Remarks:

/s/ Androulla Papadopoulou, Authorized Signatory on behalf of Skorpios Trust	06/30/2021
/s/ Anna Maria Pavlou, Authorized Signatory on behalf of Blue Horizon Enterprise Ltd.	06/30/2021
/s/ Anna Maria Pavlou, Authorized Signatory on behalf of Ezbon International Limited	06/30/2021
/s/ Androulla Papadopoulou, Authorized Signatory on behalf of Montrago Trustees Limited	06/30/2021
** 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 5 (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.