### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## **OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

# 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

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1. Name and Address of Nepoling Ferson							Issuer Name <b>and</b> Ticker or Trading Symbol kero Therapeutics, Inc. [ AKRO ]								theck all app Direc	ctor	ng Pe X	( 10% O	wner		
(Last) (First) (Middle) C/O APPLE TREE PARTNERS					3. Date of Earliest Transaction (Month/Day/Year) 06/28/2021										Officer (give title below)  Other (specify below)				specity		
230 PARK AVENUE, 28TH FLOOR 4. If A							. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
,	NEW YORK NY 10169													Liı	Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person						
(City)			tive Securities Acquired, Disposed of, or Benefi										inially Comed								
1 Title of 6	Socurity (Inc.		I - NO	n-Deriva		_	Deemed		uirea, 3.	DIS					<del></del>	ount of	6.0	wnership	7. Nature		
1. Title of Security (Instr. 3) 2. Trans Date (Month/I					Exe		ecution Date,		Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Securi Benefi	ties Foliowing (I)		m: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price	Transa	action(s) 3 and 4)			,		
Common Stock 06/28/20					2021	)21		J <sup>(1)</sup>		5,830,20	3	D	(1	)	0		D <sup>(2)</sup>				
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	if any	emed ion Date, /Day/Year)	4. Transa Code (I 8)		ion of		6. Date Exerci Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Titl	or Nur of	ount nber ires							
	nd Address of fe Science																				
(Last) (First) (Middle) C/O APPLE TREE PARTNERS 230 PARK AVENUE, 28TH FLOOR																					

# (Street) **NEW YORK** 10169 NY (City) (State) (Zip) 1. Name and Address of Reporting Person\* ATP III GP, Ltd. (Last) (First) (Middle) C/O APPLE TREE PARTNERS 230 PARK AVENUE, 28TH FLOOR (Street) **NEW YORK** 10169 NY (City) (State) (Zip)

#### **Explanation of Responses:**

- 1. The shares were distributed in a pro rata distribution to the limited partners of ATP Life Science Ventures, L.P. ("ATP," and formerly known as Apple Tree Partners IV, L.P.).
- 2. The shares were directly held by ATP. ATP III GP, Ltd. ("ATP GP") is the sole general partner of ATP. Seth L. Harrison is a director on the Issuer's board of directors and is the sole director of ATP GP. ATP GP and Dr. Harrison disclaim beneficial ownership of the reported shares, except to the extent of any pecuniary interest therein.

<u>director of ATP III GP, Ltd.,</u> <u>its general partner</u>

/s/ Seth L. Harrison, for ATP

\*\* Signature of Reporting Person

III GP, Ltd., By: Seth L.

06/30/2021 n Date

Harrison, director

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

- $^{\star}$  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.