FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| l | OMB Number: | 3235-0287 |
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| l | Estimated average burden | |
| l | hours per response: | 0.5 |

| ı | Check this box if no longer subject to |
|---|--|
| l | Section 16. Form 4 or Form 5 obligations |
| l | may continue. See Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| 1. Name and Address <u>Takahashi Tak</u> | | | 2. Issuer Name and Ticker or Trading Symbol Mineralys Therapeutics, Inc. [MLYS] | | ionship of Reporting Person(s) all applicable) Director | Person(s) to Issuer 10% Owner | | | | | |
|--|---------------|----------|--|---|---|-------------------------------|--|--|--|--|--|
| (Last) (First) (Middle) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 07/12/2023 | | Officer (give title below) | Other (specify below) | | | | | |
| 14-4-704, UGUISUDANICHO | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | ar) 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) SHIBUYA-KU | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| TOKYO | M0 | 150-0046 | Rule 10b5-1(c) Transaction Indication | | | | | | | | |
| (City) | (State) (Zip) | | 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) | Execution Date, Tr | | Transaction Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. | | | | Securities Beneficially Owned Following Reported | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|--------------------|------|--|--------|---------------|-------|--|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| Der | itle of ivative curity (Instr. | 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative | Owned Following Reported | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|-----|--------------------------------------|---|--|---|---|---|--|--------|--|--------------------|--|-------------------------------------|------------|--------------------------------|---|--|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |
| Sto | ck Option | \$16 | 07/12/2023 | | J ⁽¹⁾ | | | 44,000 | (2) | 02/09/2033 | Common Stock | 44,000 | \$0 | 0 | D | |

Explanation of Responses:

- 1. Represents stock options transferred pursuant to an option transfer agreement between the Reporting Person and Catalys Pacific Fund, LP.
- 2. The stock option vests in 36 monthly installments beginning on March 9, 2023.

Remarks:

/s/ Adam Levy, Attorney-in-fact 07/14/2023

** 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.