#### FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB	APF	$^{PRO}$	VAI
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OMB Number:	3235-0287
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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(b).

Check this box to indicate that a

#### 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

	de pursuant to a or written plan for the equity securities of the ed to satisfy the conditions of Rule			
1. Name and Address  AKKARAJU S			2. Issuer Name and Ticker or Trading Symbol Mineralys Therapeutics, Inc. [ MLYS ]	S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/13/2025	Officer (give title Other (specify below) below)
628 MIDDLEFIE	LD ROAD		4. If Amendment, Date of Original Filed (Month/Day/Year)	Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person
(Street)				X Form filed by More than One Reporting Person
PALO ALTO	CA	94301		A commed by more than one reporting relation
(City)	(State)	(Zip)		

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

1. Title of Security (Instr. 3)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transac Code (Ir 8)		4. Securities Ad Disposed Of (D			Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	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)

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. Transac Code (In 8)		Derivative Expiration Date Securities (Month/Day/Year)		Securities Underlying		Securities Underlying Derivation  Derivative Security (Instr. Security		8. Price of Derivative Security (Instr. 5)	Reported	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		Transaction(s) (Instr. 4)		
Stock Option	\$10.2	02/13/2025		A		32,900		(1)	02/13/2035	Common Stock	32,900	\$0	32,900	D	

1. Name and Address of Reporting Person*										
AKKARAJU SRINIVAS										
(Last) (First) (Middle)										
628 MIDDLEFIELD ROAD										
(Street)										
PALO ALTO	CA	94301								
(City)	(State)	(Zip)								
1. Name and Address	of Reporting Person*									
Samsara BioCa	apital, L.P.									
(Last)	(First)	(Middle)								
628 MIDDLEFIE	LD ROAD									
(Street)										
PALO ALTO	CA	94301								
(City)	(Zip)									

Explanation of Responses:

1. The stock option vests in 12 substantially equal monthly installments following the date of grant.

Remarks:

- $^{\star}$  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.