SEC Form 4	ŀ
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(City)

FORM 4

(State)

(Zip)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	ENT OF CHANGES IN BENEFICIAL OWN	OMB Number: 3235-02 Estimated average burden hours per response:		
Instruction 1(b). Fi	led 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 of Reporting Person [*] Tessier-Lavigne Marc	2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI]	5. Relationship of F (Check all applicab X Director	,	Issuer
(Last) (First) (Middle)	-	Officer (gi below)	ve title Othe	er (specify
C/O DENALI THERAPEUTICS INC.	3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017			,
151 OYSTER POINT BOULEVARD, SECOND FLOOR				
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Join Line)	t/Group Filing (Check	Applicable
(Street)		X Form filed	by One Reporting Pe	rson
SOUTH SAN		Eorm filed	by More than One Re	norting

1. Name and Address of Reporting Person [*] Tessier-Lavigne Marc			2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				X	Director	10% Owner			
(Last) C/O DENALI T	(First) THERAPEU	(Middle) FICS INC.	3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017		Officer (give title below)	Other (spec below)			
151 OYSTER F FLOOR	OINT BOU	LEVARD, SECOND	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fili	ng (Check Applica			
(Street) SOUTH SAN FRANCISCO	CA	94080		X	Form filed by One Re Form filed by More th Person				

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)	ution Date, Transaction		Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. 5)			Securities Beneficially	6. Ownership 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)		(insu. 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. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or		of Derivative Securities Acquired (A) or		Expiration Date of S (Month/Day/Year) Und Deri		Expiration Date of S (Month/Day/Year) Und Deri		Expiration Date (Month/Day/Year)		Expiration Date		Expiration Date (Month/Day/Year) urities urities or		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	Dispose of (D) (II 3, 4 and (A)	nstr.	Date Exercisable			Amount or Number of Title Shares		Reported Transaction(s) (Instr. 4)												
Stock Option (right to buy)	\$18	12/07/2017		A		47,165		(1)	12/06/2027	Common Stock	47,165	\$0.00	47,165	D											

Explanation of Responses:

1. 25% of the shares subject to the option shall vest on December 7, 2018 and an additional 1/48 of the shares vest monthly thereafter.

Remarks:

/s/ Tyler Nielsen, by power of <u>attorney</u>

12/08/2017

** 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.