FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average	burden								
-	hours per response	e: 0.5								

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Watts Ryan J.					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Denali Therapeutics Inc. [ DNLI ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)						
vians P	<u>vyan J.</u>				, ,							X Direc	ctor		10% (	Owner		
(Last)	(Fi	rst) (ľ	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/29/2024								X Office below	,		below	(specify )
C/O DENALI THERAPEUTICS INC.					03/2	,, <b>_</b> 0_	•							President and CEO				
161 OYSTER POINT BLVD.					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												X Form filed by One Reporting Person				rson		
SOUTH FRANCI		A 9	94080											Form Pers	n filed by M on	lore tha	an One Re	porting
					Rul	le 10	)b5-	1(c)	Trar	nsac	tion Indi	catio	n					
(City)	(St	ate) (2	Zip)		_ ,	Ob1- 41		4- 1	4- 414								414 !- !	
											saction was m ions of Rule 10				uction of wi	illen pia	an mai is ini	ended to
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr 5)			d Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common Stock 03/29/2			03/29/20	024			G	V	40,000(1)	D	\$0	2,20	2,202,604		1 1	See footnote <sup>(2)</sup>		
Common Stock												238.	238,067(3)		D			
		Tal	ble II								osed of,				d	<u>′</u>		
				(e.g., pu	ıts, ca	alls, v	varra	ınts,	optio	ns,	convertib	le sec	urities	5)				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)		ransaction of Code (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  (Month/Day/Year)  7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			nt of ties ying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)		Date Exerci	sable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Reflects an in-kind charitable contribution of 40,000 shares of DNLI to a donor advised fund.
- 2. The shares are held of record by the Watts Family 2015 Trust dated July 7, 2015, for which the Reporting Person serves as trustee.
- 3. Includes 202,200 unvested RSUs.

## Remarks:

/s/ Tyler Nielsen, by power of attorney

\*\* Signature of Reporting Person Date

03/29/2024

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.