FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington, D.C. 2054s	9

OIVIB APP	PROVAL
OMB Number:	3235-0287
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0.5

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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 transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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

	ee Instruction 1																			
Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Watts F	<u>Ryan J.</u>					11811	nera	<u>ape</u>	uncs	s mc.	[DNLI]			V		,		10% (Owner	
,		0 0		`										V	Office below	er (give title	е	Other below	(specify	
(Last) (First) (Middle) C/O DENALI THERAPEUTICS INC.						3. Date of Earliest Transaction (Month/Day/Year) 01/06/2025								President and CEO						
			C.		01/	00/202	.5													
161 OYSTER POINT BLVD.																				
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
SOUTH FRANCI	C)	A 9	4080)										Form filed by One Reporting Person						
FRANCI	isco													Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																	
		Tahle	I - N	Ion-Deriva	tive	Secu	ritios	Δς	auir	ed Di	enosed o	f or F	Renefi	ciall	ly Own	ed.				
1. Title of S	Security (Inst			2. Transactio		2A. Dee		1	3.		4. Securities				5. Amou		6. Ow	nership	7. Nature of	
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo				'ear)	Execution Date		ate, Transaction Code (Instr.		Disposed Of (D) (Instr. 3, 4 a			and 5) Securities Beneficially Owned Following		Form (D) or	: Direct	Indirect Beneficial Ownership				
									Code V		Amount	(A) or (D)	Price		Reporte Transac				(Instr. 4)	
Common Stock 01/06/202			25				S ⁽¹⁾	П	29,266	D	\$20.2	22(2)	260,	721(3)		D				
Common	Stock			01/07/202	25				S ⁽¹⁾	П	7,650	D	\$20	.81	253,071(3)			D		
Common	Common Stock														2,20	2,604		Ι	See footnote ⁽⁴⁾	
		Tal	ole I	l - Derivati	ve S	ecuri	ties /	Aca	uired	d. Dis	posed of.	or Be	nefic	iallv	Owne	d		1		
		-									convertil					-				
Security or Exercise (Month/Day/Year) if any				cution Date,		action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			Amou Secur Unde Deriv Secur	7. Title and Amount of Securities Underlying Derivative Security (Ins. 3 and 4)		Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	te ercisable	Expiration Date	Title	Amour or Number of Shares	er						

Explanation of Responses:

- 1. Shares sold to satisfy the tax obligations by the Reporting Person in connection with the settlement of previously vested restricted stock units.
- 2. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares ranging from \$19.91 to \$20.23 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.
- 3. Includes 177,940 Unvested RSUs.
- 4. The shares are held of record by the Watts Family 2015 Trust dated July 7, 2015, for which the Reporting Person serves as trustee

Remarks:

/s/ Tyler Nielsen, by power of attorney

** Signature of Reporting Person

01/08/2025

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.