FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours per respor	nse: 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

											· ·									
Name and Address of Reporting Person* Cook Jennifer E.					2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI]									k all applic	ionship of Reporting Person(s) to all applicable)					
(Last)		<u>-</u>	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/31/2024									Director Officer (give title below)		10% Owr Other (sp below)		-	
C/O DENALI THERAPEUTICS INC. 161 OYSTER POINT BLVD.					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street)														Form fi Person		e than	o One Repor	ting		
FRANCI	FRANCISCO CA 94080				Rı	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(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.												to		
		Tab	le I - Nor	n-Deriv	ative	e Se	curities	s Ac	quired,	Dis	osed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amour Securitie Beneficia Owned F Reported	s Formally (D) (ollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	mount (A) (D)		е	Transaction(s) (Instr. 3 and 4)				msu. 4 <i>j</i>	
Common Stock 05/31/					/2024		A		5,967	(1) A	\$	0	21,496(2)			D				
	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		3A. Deemed Execution I if any (Month/Day	Date,	ransaction Code (Instr.)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		S	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	e S Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amou or Numb of Shares	ımber						
Stock Option (right to buy)	\$18.56	05/31/2024			A		17,901		(3)	0	5/31/2034	Common Stock	17,90	1	\$0	17,90	1	D		

Explanation of Responses:

- 1. Each share is represented by a Restricted Stock Unit ("RSU") and a contingent right to receive one share of common stock of the Issuer. 100% of the RSUs shall vest upon the earlier of (i) the one year anniversary of the grant date or (ii) the day preceding the Issuer's next annual meeting of stockholders occurring after the grant date.
- 2. Includes 5,967 unvested RSUs.
- 3. 100% of the shares subject to the option shall vest upon the earlier of (i) the one year anniversary of the grant date or (ii) the day preceding the Issuer's next annual meeting of stockholders occurring after the grant date

Remarks:

/s/ Tyler Nielsen, by power of attorney

06/04/2024

** 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.