FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
|---------------|-----------|
|---------------|-----------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | | |
| Estimated average b | urden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| Section obligat | n 16. Form 4 or ions may contirtion 1(b). | | d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | 4 | | l II | ated av | en 0.5 | | | |
|--|---|-------|--|---|--|--|-----------------------------|--------|----------|---------------|---|---|---|---|---------------|--|---|---------|
| 1. Name and Address of Reporting Person* NELSEN ROBERT | | | | 2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI] | | | | | | | (Che | eck all applic | able) r | ng Person(s) to Is | | | | |
| (Last) (First) (Middle) C/O ARCH VENTURE PARTNERS | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017 | | | | | | | | Officer below) | (give title | | Other (below) | specify |
| 8755 W. HIGGINS ROAD, SUITE 1025 | | | | 4. If Ame | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) | GO IL | | 60631 | | | | | | | | 2 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tak | ole I - Nor | -Deriva | ative Se | curities Ac | quire | d, Dis | sp | osed o | f, or | Bene | eficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | Cod | Transaction Code (Instr. | | <u> </u> | | | | | | Form (D) o | vnership i: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Cod | e V | | Amount | | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | | | - |
| | | | | | | urities Acq s, warrants | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | perivative Conversion Date Execution Date (Month/Day/Year) if any | | Date, Ti | ransaction ode (Instr. | 5. Number of Derivative Securities | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | of Se Unde | tle and A ecurities erlying vative S | • | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially | | 10. Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership | |

Expiration

12/06/2027

Date

Exercisable

(1)

(D)

buy) **Explanation of Responses:**

\$18

Security

12/07/2017

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:

Stock Option

(right to

/s/ Tyler Nielsen, by power of 12/08/2017 <u>attorney</u>

\$0.00

Owned Following

Reported Transaction(s) (Instr. 4)

47,165

or Indirect (I) (Instr. 4)

D

(Instr. 4)

(Instr. 3 and 4)

Title

Common

Amount Number

Shares

47,165

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code

Α

(A)

47,165

Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

- * 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.