FORM 4

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

Washington, D.C. 20549

OMB APF	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

	Check this box if no longer subject
ì	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  SATO VICKI L						Susuer Name and Ticker or Trading Symbol     Denali Therapeutics Inc. [ DNLI ]      Date of Earliest Transaction (Month/Day/Year)									all app Direc Office	licable) tor er (give title	ng Pei	rson(s) to Is 10% Ov Other (s	vner	
(Last) (First) (Middle)					01/16/2024										below	/)		below)		
C/O DENALI THERAPEUTICS INC.					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
161 OYSTER POINT BLVD.														Line)  X Form filed by One Reporting Person					on	
(Street)	SAN	_													Form Perso		re tha	ın One Repo	orting	
~ ~ ~	FRANCISCO CA 94080				Rule 10b5-1(c) Transaction Indication															
(City)	(Sta	ate) (Z	<u>Z</u> ip)		X	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nded to						
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	d, Dis	posed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N				Year) Executio		eemed ution Date, h/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acc Disposed Of (D)					and 5) Secu Bend Own		mount of curities deficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)		
Common Stock 01/16/20					024				S <sup>(1)</sup>		1,666	D	\$18.4	<b>2</b> <sup>(2)</sup>	2(2) 123,041(3)			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	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forr Dire or In (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares							

## Explanation of Responses:

- 1. The sales reported by the Reporting Person were effected pursuant to a Rule 10b5-1 trading plan adopted March 27, 2023.
- 2. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares ranging from \$18.13 to \$18.63 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 4,216 RSUs.

## Remarks:

/s/ Tyler Nielsen, by power of attorney

01/18/2024

\*\* Signature of Reporting Person Date

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.