FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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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). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Ho Carole | | | | | <u>De</u> | 2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify | | | | | |
|--|---|-------|--------|----------------|--|--|---|---|-----------------------------|--------|---|---|---|---|---|---|---|--------------------------------|--|
| (Last) (First) (Middle) C/O DENALI THERAPEUTICS INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/14/2023 | | | | | | | | below) below) Chief Medical Officer | | | | | |
| 161 OYSTER POINT BLVD. | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| FRANCISCO | | | | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | X 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. | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | ative | Secu | rities | Acc | quired | d, Dis | sposed of | , or B | enefici | ally Owr | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | Execution D | | ate, | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | (111501.4) | |
| Common Stock 08/14/20 | | | | |)23 | | | | S ⁽¹⁾ | | 2,768 | D | \$23.7 | 9 182 | 182,809 | | | See footnote ⁽²⁾ | |
| Common Stock | | | | | | | | | | | | | 25 | 25,000 | | | See footnote ⁽³⁾ | | |
| Common Stock | | | | | | | | | | | | 114 | 114,124 ⁽⁴⁾ | | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | | Transaction Code (Instr. | | vative virities uired or osed) r. 3, 4 | Expira | e Exer ation D h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) | | |
| | | | | Code | | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Number of Shares | | | | | | |

- 1. The sales reported by the Reporting Person were affected pursuant to a Rule 10b5-1 trading plan adopted March 30, 2023.
- 2. The shares are held of record by the Rohatgi-Ho Family 2009 Revocable Trust, for which Reporting Person serves as trustee.
- 3. The shares are held of record by The Rohatgi-Ho Irrevocable GST Trust for the benefit of the Reporting Person's children.
- 4. Includes 113,714 RSUs.

Remarks:

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

08/16/2023

** 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.