FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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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).

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*     Patel Anish					2. Issuer Name <b>and</b> Ticker or Trading Symbol Enliven Therapeutics, Inc. [ ELVN ]														Owner
(Last)	Last) (First) (Middle) C/O ENLIVEN THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/22/2024								X	below)		e Other below)		′ I
6200 LOOKOUT ROAD					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ER CO	CR CO 80301												X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	City) (State) (Zip)				R	Rule 10b5-1(c) Transaction Indication  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.																		
			I - I	Non-Deriva	_				ired,	_	<u> </u>	•		ally					
Date			2. Transaction Date (Month/Day/Ye	Execution		n Date,	Tran	Code (Instr.		Acquire (D) (Inst	cquired (A) or D) (Instr. 3, 4 and 5)		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	e V	A	mount	(A) or (D)	Price	ce		Transaction(s) (Instr. 3 and 4)		,	(moa. 4)
Common Stock 01/22				01/22/202	24			S <sup>(1)</sup>	)		4,875	D	\$15.135	135(2)		17,222		D	
Common Stock														394,027		I		See footnote <sup>(3)</sup>	
		Tal	ble	II - Derivati (e.g., pu	ve S its, (	Securit calls, v	ties Ac warrant	quir ts, o	ed, D ption	isp s,	osed of, converti	or Boble se	eneficial ecurities	lly :)	Owned	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ny nth/Day/Year)		Transaction of Code (Instr. Derivati			i. Date E Expiratio Month/E	on D		Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficial Ownership ct (Instr. 4)
					Code	e V	(A) (E		Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares						

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on June 29, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$15.10 to \$15.22. The price reported above reflects the weighted average sale price. The Reporting Person undertakes to provide upon request by the staff of the Securities and Exchange Commission, the Issuer, or a security holder of the Issuer, full information regarding the number of shares sold at each separate sale price.
- 3. The shares are held by The Patel / Dong Family Trust Dated August 24 2017 for which the Reporting Person serves as trustee.

## Remarks:

/s/ Ben Hohl, by power of 01/24/2024 attorney

\*\* 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.