## SEC Form 4

X

## FORM 4

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

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 response:	0.5					

5. Relationship of Reporting Person(s) to Issuer

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

2. Issuer Name **and** Ticker or Trading Symbol

1. Name and Address of Reporting Person*    RA CAPITAL MANAGEMENT, L.P.   (Last) (First)   (Middle)   200 BERKELEY STREET, 18TH FLOOR				2. Issuer Name <b>and</b> Ticker or Trading Symbol Enliven Therapeutics, Inc. [ELVN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title V Other (specify							
					3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023								Officer (give title X Other (specify below) X below) Former 10% owner						
(Street) BOSTON MA 02116			4. li	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 Form filed by More than One Reporting								
(City)	(St	ate) (2	Zip)											A Perso	on				
		Table	I - Non-Deriva	tive	Secu	rities	-	ired,	, Di	isposed o	of, o	r Bene	efic	ially Own	ed				
1. Title of S	Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			ar) 2A. Deeme Execution if any (Month/Da		n Date,	3. Transaction Code (Instr. 8)		n   D	5)		(Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Natu Indired Benefi Owner (Instr.	ct cial ship
			_	_			Code	v	A	imount	(A) ( (D)	Price	•	Transaction( (Instr. 3 and )					
Common	Stock		02/23/2023	;			A		1	,152,460	A	(1)		2,122,465	(2)(3)	Ι		See Footnotes <sup>(3)(4)</sup>	
		Tal	ble II - Derivati (e.g., pu							posed of converti					d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		saction e (Instr.	5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive (I ties red sed 3, 4	Expirat	tion I	ercisable and Date //Year)	A S U D S	. Title and mount of ecurities Inderlying Perivative ecurity (Instr. and 4)		Derivative deriv Security Secu (Instr. 5) Ben Own Follo Rep Tran		curities For neficially Dire ned or I		11. Natur of Indirec Beneficia Ownersh ndirect (D) nstr. 4)	
				Code	e V	(A)		Date Exercis	sable	Expiration Date		Amo or Num of Sha							
		f Reporting Person <sup>*</sup>	<u>:NT, L.P.</u>																
(Last) 200 BER		(First) FREET, 18TH F	(Middle) LOOR																
(Street) BOSTO	N	MA	02116																
(City)		(State)	(Zip)																
		f Reporting Person <sup>*</sup>	<u>LP</u>																
(Last) 200 BER 18TH FL	RELEY S	(First) FREET	(Middle)																
(Street) BOSTO	N	MA	02116																
(City)		(State)	(Zip)		_														
	nd Address of nsky Pete	f Reporting Person <sup>*</sup> P																	
	CAPITAL	(First) MANAGEMEN FREET, 18TH F			_														

(Street) BOSTON	МА	02116					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person <sup>*</sup> Shah Rajeev M.							
	O RA CAPITAL MANAGEMENT						
200 BERKELEY STREET, 18TH FLOOR							
(Street) BOSTON	MA	02116					
(City)	(State)	(Zip)					

## Explanation of Responses:

I. Received in exchange for 3,905,254 shares of common stock of Enliven Therapeutics, Inc. ("Enliven") pursuant to an Agreement and Plan of Merger by and among Enliven, the Issuer, and Iguana Merger Sub, Inc., a wholly-owned subsidiary of the Issuer ("Merger Sub"), as amended (the "Merger Agreement"). Under the terms of the Merger Agreement, on February 23, 2023, Merger Sub merged with and into Enliven (the "Merger"), with Enliven surviving the Merger as a wholly-owned subsidiary of the Issuer and the surviving corporation of the Merger. Upon the closing of the Merger, each share of Enliven Common stock was converted into the right to receive 0.29510522252519 shares of the Issuer's common stock. Subsequent to the Merger, the name of the Issuer was changed from Imara, Inc. to Enliven Therapeutics, Inc.

2. On February 23, 2023, the Issuer effected a 1-for-4 reverse stock split of its common stock (the "Reverse Stock Split"). The number of shares reported on this Form 4 has been adjusted to reflect the Reverse Stock Split.

3. Held directly by RA Capital Healthcare Fund, L.P. (the "Fund").

4. RA Capital Management, L.P. (the "Adviser") is the investment manager for the Fund. The general partner of the Adviser is RA Capital Management GP, LLC (the "Adviser GP"), of which Dr. Peter Kolchinsky and Mr. Rajeev Shah are the managing members. The Adviser, the Adviser GP, Dr. Kolchinsky and Mr. Shah disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Management, <u>L.P.</u>	<u>02/27/2023</u>
<u>/s/ Peter Kolchinsky, Manager</u> of RA Capital Healthcare Fund GP, LLC, the General Partner of RA Capital Healthcare Fund, L.P.	<u>02/27/2023</u>
<u>/s/ Peter Kolchinsky,</u> <u>individually</u>	<u>02/27/2023</u>
<u>/s/ Rajeev Shah, individually</u> ** Signature of Reporting Person	<u>02/27/2023</u> 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.