FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* Hohl Benjamin							2. Issuer Name and Ticker or Trading Symbol Enliven Therapeutics, Inc. [ELVN]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
HOILB										Dire	ctor		10% O	wner						
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/12/2024								belo	,		Other (below)	·		
` ′	,	,	10"	07/12/2024								CHIEF FINANCIAL OFFICER								
C/O ENLIVEN THERAPEUTICS, INC.																				
6200 LOOKOUT ROAD						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(011)					-									▼ For	m filed by Or	ne Rep	orting Perso	on		
(Street)	ER C	0	80301			Form filed by More than One Reporting Person											orting			
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
				V	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.															
		Tab	le I - N	on-Deri	vative	Sec	uriti	ies Ac	quirec	l, Di	sposed o	of, or Be	eneficia	lly Own	ed					
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/						Execution		Date,	Transaction Code (Inst) Secu Bene Own	nount of rities ficially ed Following	Forr (D)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		ted action(s) 3 and 4)					
Common Stock 07/12/20						4		M ⁽¹⁾		3,000	A	\$2.48		3,000		D				
Common Stock 07/12/20					2024)24			S ⁽¹⁾		3,000	D	\$25.065	5(2)	0		D			
		Т	able II								posed of converti			/ Owne	d					
					-	Calls	_													
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)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivativ Security (Instr. 5)	e derivativ	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Stock Option (right to	\$2.48	07/12/2024			M ⁽¹⁾			3,000	(3)		08/02/2031	Common	3,000	\$0	209,6	20	D			

Explanation of Responses:

buy)

- 1. The option exercise and sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on June 26, 2023.
- 2. This transaction was executed in multiple trades at prices ranging from \$25.00 to \$25.19. 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 option, originally for 262,120 shares, vested as to one-fourth of the shares on August 2, 2022, and the remainder of the shares vest in 36 equal monthly installments thereafter.

/s/ Benjamin Hohl

** Signature of Reporting Person Date

07/16/2024

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.