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 Estimated average burden | | | | | | | | |
| | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | |

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

| 1. Name and Address of Reporting Person* <u>Derynck Mika K</u> | | | | <u>Er</u> | 2. Issuer Name and Ticker or Trading Symbol Enliven Therapeutics, Inc. [ELVN] | | | | | | | eck all applic | cable) or | Person(s) to Iss | vner | |
|--|--|--|---|-----------|---|---|--|-------------------|--|---|---|---|---|---|--|--|
| (Last) | (Fi | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023 | | | | | | | | Officer (give title below) | | specify |
| C/O ENLIVEN THERAPEUTICS, INC. 6200 LOOKOUT ROAD | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) | ER C | 0 | 80301 | | | | 1055 | 1 (-) | T | .4: | :4: | | Form fi Person | | than One Repo | rting |
| (City) | (S | , | (Zip) | | | Checl | k this box y the affirn | to indi native | defense condit | saction was n ions of Rule 1 | nade pursua 0b5-1(c). Se | ee Instruction | n 10. | | an that is intende | d to |
| | | | | | | _ | | | quired, Di | _ | | | _ | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Executi | | Date, | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) | | ed (A) or tr. 3, 4 and | 5. Amour Securitie Beneficia Owned F | s ally ollowing (| 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 | | Transact (Instr. 3 a | ion(s) | | | | |
| | 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) | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 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) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$25.28 | 02/23/2023 | | | A | | 27,567 | | (1) | 02/23/2033 | Common Stock | 27,567 | \$0.00 | 27,567 | D | |

Explanation of Responses:

1. 1/36th of the shares subject to the option will vest on March 23, 2023 and each month thereafter, subject to the Reporting Person continuing as a service provider through each such date.

Remarks:

/s/ Ben Hohl, by power of attorney

04/06/2023

** 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.