FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS	SHIP
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OMB APP	ROVAL						
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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

1. Name and Address of Reporting Person*  Hohl Benjamin					2. Issuer Name and Ticker or Trading Symbol Enliven Therapeutics, Inc. [ ELVN ]							ck all applica	ionship of Reporting all applicable) Director Officer (give title		Person(s) to Issuer  10% Owner  Other (spec		
	,	ERAPEUTICS, I	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/23/2023							below)					
(Street)			80301	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Inc.	) 【 Form fil	Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(S	·	(Zip)	) Noriveti	wo S.		. ^ ^	auirod I	Dior	20004.0	of or Po	noficially	Owned				
1. Title of Security (Instr. 3)  2. Transa Date			Transaction	<u> </u>		3. Transac Code (Ir 8)	tion	tr.		ed (A) or str. 3, 4 and 5	5. Amoun	s lly ollowing on(s)	6. Own Form: (D) or I (I) (Inst	Direct I Indirect I tr. 4)	7. Nature of ndirect Beneficial Ownership Instr. 4)		
	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	cise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. Securities Acquired (in or Dispose		e s I (A) sed str.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code V (A) (Date Expiration Date Title						Title	Amount or Number of Shares		(Instr. 4)				
Employee Stock Option (right to buy)	\$2.48	02/23/2023		A		262,120		(1)	08	8/02/2031	Common Stock	262,120	(2)(3)	262,120	0	D	

## **Explanation of Responses:**

- 1. One-fourth of the shares subject to the option vested on August 2, 2022, and the remainder vest in 36 equal monthly installments thereafter.
- 2. Pursuant to the Agreement and Plan of Merger, dated as of October 13, 2022 (the "Merger Agreement"), by and among Imara Inc. ("Imara"), Enliven Therapeutics, Inc., ("Enliven") and Iguana Merger Sub, Inc., a wholly owned subsidiary of the Issuer (the "Merger Sub"), each Enliven stock option that was outstanding immediately prior to the effective time of the Merger was assumed by Imara and became an option to acquire, on the same terms and conditions as were applicable to such Enliven stock option immediately prior to the effective time of the Merger, a number of shares of Imara common stock equal to the number of shares of Enliven common stock subject to the unexercised portion of the Enliven stock option immediately prior to the effective time of the Merger, multiplied by the exchange ratio of approximately 0.2951 shares of Imara common stock for each share of Enliven common stock (rounded down to the nearest whole share number), (footnote continued in footnote (3))
- 3. (continued from footnote (2)): with an exercise price per share for the options equal to the exercise price per share of such Enliven stock option immediately prior to the effective time of the Merger divided by the exchange ratio (rounded up to the nearest whole cent).

## Remarks:

/s/ Benjamin Hohl

02/27/2023

\*\* 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.