FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL										
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l	OMB Number:	3235-0287									
l	Estimated average burden										
l	hours per response	: 0.5									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

							- ()				ilpully Act c									
1. Name ar	2. Issuer Name and Ticker or Trading Symbol Unity Biotechnology, Inc. [UBX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Ghosh Anirvan						Simp Diotectificion [ODA]									X Direc	ctor		10% O	wner	
(Last)	3. Date of Earliest Transaction (Month/Day/Year)									X Officer (give title below)			Other (specify below)							
(Last) (First) (Middle) C/O UNITY BIOTECHNOLOGY, INC.						06/26/2023									Chief Executive Officer					
285 EAST GRAND AVENUE						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Stroot)															X Form filed by One Reporting Person					
(Street) SOUTH SAN FRANCISCO CA 94080													Forn Pers	m filed by More than One Reporting son			oorting			
					Rule	Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (2	Zip)			Trails 1000 1(c) Trailsaction maleation														
(Sidile) (Zip)				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.																
☐ Sausiy the animiative defense conditions of Nate 1999-1(c). See instruction 10.																				
		Table	I - Noı	n-Derivat	tive Se	ecur	ities	Acq	uired, [Disp	osed of	, or	Ben	eficia	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Execution (y/Year) if any		ution Date,				ties Acquired (I Of (D) (Instr. 3			5. Amo Secur Benef Owner Follow	icially d	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A (C	A) or D)	Price	Repor Transa				,	
Common	2023			S ⁽¹⁾		1,177		D	\$3.2	2 85	5,069 ⁽²⁾		D							
		Tab		Derivativ (e.g., pu												ed				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			tion Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rative rities ired r osed)	Expiratio	Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and			B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Num of							

Explanation of Responses:

- 1. Shares sold by the Reporting Person pursuant to a Rule 10b5-1 trading instruction to cover tax withholding obligations incurred in connection with the vesting of Restricted Stock Units.
- 2. Includes Restricted Stock Units which vest over time measured from the grant date.

/s/ Alexander Nguyen,

Attorney-in-Fact for Anirvan 06/27/2023

Ghosh

** 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).
- $^{\star\star} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 ff(a).$

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.