FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL  OMB Number: 3235-0287 Estimated average burden hours per response: 0.5											
Estimated average burden		OMB APPF	ROVAL								
Estimated average burden		OMB Number:	3235-0287								
		Estimated average burden									
nours per response: 0.5											
		nours per response:	0.5								

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																	
l	nd Address of	f Reporting Person*						cker or Tradir ology, Inc					Relationship neck all appl X Direct	,		to Iss	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/23/2023								Office below	(give title		ther (s elow)	pecify
C/O UNITY BIOTECHNOLOGY, INC. 285 EAST GRAND AVENUE			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	SAN C	Α	0.4000											filed by One filed by More n			
FRANCI	ISCO C.	A :	94080	_ Ru	le 1	L0b5-	·1(c	:) Transa	actic	on Inc	dication	1					
(City)	(S	tate)	(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.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			nsaction h/Day/Yea	Execution Dat			e, Transaction D Code (Instr. 5)			Securities Acquired (A) isposed Of (D) (Instr. 3, 4		Benefic Owned	es ially Following	6. Owners Form: Dire (D) or India (I) (Instr. 4)	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code V Amount		(A) c	Price	Reported Transaction(s) (Instr. 3 and 4)				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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year	4. Transa Code (I 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 of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owner Form Direct or Ind (I) (In	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Exp	iration e	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$3.25	06/23/2023		A		6,000		(1)	06/2	22/2033	Common Stock	6,000	\$0.00	6,000	1	)	

## Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 100% of the total number of shares subject to the option on the earlier of (i) the one-year anniversary measured from June 23, 2023 or (ii) the date of the 2024 Annual Meeting of the Issuer's stockholders, assuming continuous service as a Director until such vesting date.

## Remarks:

/s/ Alexander Nguyen,

Attorney-in-Fact for Paul L.

**Berns** 

\*\* Signature of Reporting Person Date

06/26/2023

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.