| SEC Form 4 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | | | | | | | | | |
|--|---|--|--|------------------------------|--|----------|-----------|--|----------------|---------------------|--|--|--|---|--|--|--|--|
| | | | | | Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | uant t | o Sectio | on 16(| (a) of the Sector (a) of the Sector (b) | SHIP | Estim | OMB Number: 3235- Estimated average burden hours per response: | | | | | | | |
| 1. Name and Address of Reporting Person [*] Samar Michael P. | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) | Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2023 | | | | | | | | | Officer (give title Other (specify below) below) | | | | |
| 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) X Form filed by One Reporting Person | | | | | |
| 1 | SOUTH SAN CA | | | | | | | | | | | | | | orm filed by More than One Reporting erson | | | |
| FRANCIS | sco | | _ Ri | ile 1 | 1065- | -1(C | :) Iransa | ictior | n Inc | lication | 1 | | | | | | | |
| (City) | | 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. Transac Date (Month/Da | | | | | Execution Date | | | Code (Instr. | | | | red (A) or str. 3, 4 ar | Benefic Owned | s Form ally (D) c following (I) (II | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | V AI | Amount (A) or (D) F | | 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) | | | | | | | | | | | | | | | | | |
| 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 Exerc Expiration D (Month/Day/ | ate | Amount | | f g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$3.25 | 06/23/2023 | | A | | 6,000 | | (1) | 06/22/ | /2033 | Common Stock | 6,000 | \$0.00 | 6,000 | | D | | |

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:

<u>/s/ Alexander Nguyen,</u> <u>Attorney-in-Fact for Michael</u> 06/26/2023 <u>P. Samar</u>

** 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.