FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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

| Name and Address of Reporting Person* Dananberg Jamie | | | | | 2. Issuer Name and Ticker or Trading Symbol Unity Biotechnology, Inc. [UBX] | | | | | | | | (Ch | eck all app Direc | tor er (give title | | 10% Ov Other (s | ner | |
|---|--|---------|-----------------|----------|---|--|---|--|-----------------|--|--------------------|-----------------------------|---|---|---|---------------------------------------|---------------------------------------|--------|--|
| (Last) | (Fi | rst) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | 1 | belov | v) Chief Med | lical Of | below) | |
| C/O UNITY BIOTECHNOLOGY, INC. | | | | 10/0 | 10/01/2021 | | | | | | | | • | omer Med | lical Oi | ncer | | | |
| 285 EAST GRAND AVENUE | | | | | | | | | | | | | | | | | | | |
| (Street) SOUTH FRANCI | () | A 9 | 4080 | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | 7 6766 | , , , , , , , , , , , , , , , , , , , | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or I | Bene | eficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | Execution Date, | | | | | es Acquired (A) o Of (D) (Instr. 3, 4 a | | | Benefic | ties cially Following | 6. Owne Form: D (D) or In (I) (Instr | irect direct . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) Pr | | Price | Transa | Transaction(s) (Instr. 3 and 4) | | | |
| Common Stock, \$0.0001 par value 03/30/2 | | | | 2021 | | | | F ⁽¹⁾ | | 40,564 | I | D | \$2.9 | 5 670 |),311 ⁽²⁾ | D | | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | Transaction of Code (Instr. Derivativ | | vative irities ired r osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | nership rm: ect (D) Indirect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Num of Sha | | | | | | |

Explanation of Responses:

- 1. Shares sold by the Reporting Person pursuant to a Rule 10b5-1 trading plan 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.

Remarks:

/s/ Alexander Nguyen, Attorney-in-Fact for Jamie

10/01/2021

Dananberg

** 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.