FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

0.5

hours per response:

Check this box if no longer subject	C
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

4 Names ==	ad Adduss	Departing Derry			2  551	uer Na	me and T	icker	or Tra	ding 9	Symbol			5 Rela	ationshir	of Reporting	na Per	rson(s) to Is	suer
Name and Address of Reporting Person*     Ghosh Anirvan			2. Issuer Name <b>and</b> Ticker or Trading Symbol Unity Biotechnology, Inc. [ UBX ]								Relationship of Reporting Person(s) to Issuer     (Check all applicable)								
OHOSH	Alliivali								<i></i>					X	Direc	tor		10% Ov	vner
(14)	/F:		(A): -1 -11 - X											X	Office	er (give title		Other (s	specify
(Last)	,	,	Middle)			nsact	nsaction (Month/Day/Year)							hief Exec	utive	, ,			
C/O UNITY BIOTECHNOLOGY, INC.				05/02/2022											mer Exec	utive	Officer		
285 EAST GRAND AVENUE																			
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
SOUTH	SAN													Line)	<b>-</b>	£11 b 0	- D	ti D	
FRANCI	( )	A 9	4080											X		,		orting Person	
															Perso		re ma	n One Repo	orung
(City)	(St	ate) (2	Zip)																
	`																		
		Table	I - Noi	n-Deriva	itive S	ecur	rities A	cqui	ired,	Dis	osed of	, or B	enetic	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)			ction 2A. Deemed Execution Date.				3. 4. Securities Acquired (A Transaction Disposed Of (D) (Instr. 3,			iired (A) nstr. 3. 4	or 5. Amount of 4 and Securities		6. Ownership Form: Direct	7. Nature of Indirect					
			(Month/Da	Day/Year) if any (Month/Day/Year)		(   c	Code (Instr.				,	Benefi				(D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
						Ė			Amount (A) or		or	Repor					(Instr. 4)		
								Code	٧	Amount (A) or F		Pri			3 and 4)				
Common Stock, \$0.0001 par value 05/02/			2022			F <sup>(1)</sup>		7,729	D	\$(	0.88	.88 1,032,1			D				
		Tal	ble II -	Derivati	ve Se	curit	ies Acc	quire	ed, D	ispo	osed of, o	or Be	nefici	ally (	Owne				
											onvertib								
1. Title of 2. 3. Transaction			3A. Dee				5. Number					. Title and		rice of	9. Number		10.	11. Nature	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			,	Transaction Code (Instr.		Derivative		(Month/Day/Year) Secu		Secur	Amount of Securities		Derivative Security Securities		- 1	Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/	Day/Year)	8)		Securitie Acquired		Underlying Derivative					(Instr. 5)		Beneficiall Owned		Direct (D) or Indirect	Ownership (Instr. 4)
	Security						(A) or Disposed	,	Security (Inst 3 and 4)					٠		Following Reported		(I) (Instr. 4)	
							of (D) (Instr. 3,		3 and 4)		.,			Transactio	n(s)				
							and 5)	٦							(111501. 44)				
													Amoun	t					
			l										or	_					I

## **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.

Date Exercisable

2. Includes Restricted Stock Units which vest over time measured from the grant date.

## Remarks:

/s/ Alexander Nguyen,

of Shares

Attorney-in-Fact for Anirvan 05/03/2022

Ghosh

Expiration Date

\*\* 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.