FORM 4

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

Washington, D.C. 20549

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 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

Name and Address of Reporting Person*     Sullivan Lynne Marie					2. Issuer Name <b>and</b> Ticker or Trading Symbol Unity Biotechnology, Inc. [ UBX ]									neck all a Dir	nip of Reporti oplicable) ector	J	10% Ov	wner	
(Last) 285 EAS	ast) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/02/2024									bel	Officer (give title below)  CFO & Head		Other (s below) Corp. Dev.	specify
	Street) SOUTH SAN FRANCISCO CA 94080			4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	e) <b>V</b> Fo	ridual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication  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 - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				ay/Year)   Execution		Deemed ecution Date, ny enth/Day/Year)		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)					nd Secu Bend Own	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A)	) or )	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock, \$0.0001 par value 08/02/2					/2024				<b>S</b> <sup>(1)</sup>		139	1	D	\$1.5	3 50	5,061(2)(3)		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)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f g	8. Price of Derivativ Security (Instr. 5)		Filly 0	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nur of	ount mber ares					

## 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.
- 3. Represents adjusted total that includes an aggregate of 23,515 shares purchased under the Unity Biotechnology, Inc. 2018 Employee Stock Purchase Plan on May 15, 2023 and May 15, 2024 in transactions exempt from reporting pursuant to Rule 16b-3(c).

/s/ Alexander Nguyen,

Attorney-in-Fact for Lynne

Sullivan

\*\* Signature of Reporting Person Date

08/06/2024

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.