FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Check this box if no longer subject 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

1. Name and Address of Reporting Person* Samuels Camille D				2. Issuer Name and Ticker or Trading Symbol Unity Biotechnology, Inc. [UBX]					(Ch	eck all applic X Directo	cable) or	erson(s) to Issi	ner		
(Last) (First) (Middle) C/O UNITY BIOTECHNOLOGY, INC. 285 EAST GRAND AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 06/18/2020						Officer below)	(give title	Other (s below)	pecify	
(Street) SOUTH FRANCI	ISCO C.		94080 (Zip)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			•	Execution Date,		Code (Instr. 5)				Beneficia	es Form ally (D) of Following (I) (II	orm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	Amount	(A) or (D) Price		Transact (Instr. 3 a	ion(s) and 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)	vative Conversion Date Execution Date, T urity or Exercise (Month/Day/Year) if any		Code	ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) Derivative Sec (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$9.14	06/18/2020		A		25,000		(1)	06/17/2030	Common Stock	25,000	\$0.00	25,000	D ⁽²⁾	

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 18, 2020 or (ii) the date of the 2021 Annual Meeting of the Issuer's stockholders, assuming continuous service as a Director until such vesting date.
- 2. The reporting person is a member of VR Management, LLC (the "Management Company"). Under an agreement between the reporting person and the Management Company, the reporting person is deemed to hold the reported option and the shares underlying the option for the sole benefit of the Management Company and must exercise the reported option solely upon the direction of the Management Company, which is entitled to the shares underlying the option. The Management Company may be deemed the indirect beneficial owner of the shares underlying the option, and the reporting person may be deemed the indirect beneficial owner of the reported shares underlying the option through her interest in the Management Company. The reporting person disclaims beneficial ownership of the reported shares except to the extent of her pecuniary interest therein.

Remarks:

/s/ Tamara L. Tompkins, Attorney-in-Fact for Camille D. 06/22/2020 Samuels

** 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.