FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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).

EW Healthcare Partners Fund 2 GP, L.P.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

11. Nature of Indirect Beneficial Ownership (Instr. 4)

See footnotes(1)(2)

| mstruc  | ilion I(b).   |   | FIRE   |                              |                    |  |                              |              | Company As                           |                              |  |   | <u></u>   |  |  |  |  |
|---|---|---|--|------------------------------|--------------------|--|------------------------------|--------------|--------------------------------------|------------------------------|--|---|---|--|--|--|--|
| 1   |   | f Reporting Person*                                 |  | 2. Iss                       | suer Na            | ame <b>and</b>   | Ticker o                     | r Trad       | Company Aci                          | 1 01 1940                    | 5.   | Relationshi   |   |  | erson(s  | s) to Iss  | uer  |
| EW HI<br>2, L.P.                                    | EALTHC  | <u>ARE PARTN</u>                                    | <u>ERS FUND</u>  | 1E                           | LA E               | <u> Bio, Inc</u>   | <u>.</u> [ 11                | LLA .        | I                                    |                              |  | Direct<br>Office  | ctor<br>er (give                                    | titlo  | <sub>V</sub> 0                                       | 0% Ow<br>ther (sp                                |  |
| (Last)  | ,   | rst) (I<br>/ENUE, SUITE                             | Middle)  |                              | ate of E<br>17/202 |  | ansactic                     | on (Mo       | nth/Day/Year                         | )                            |  | belov   | •   | e footno   | D  | elow)  |  |
| (Street)  |   |   |  | 4. If A                      | Amend              | ment, Dat  | e of Ori                     | iginal I     | Filed (Month/I                       | Day/Yea                      |  | Individual o  | or Joint/0  | Group Fili   | ng (Ch   | eck Ap   | plicable   |
| THE<br>WOODI  | LANDS T   | X 7   | 7380   |                              |                    |  |                              |              |                                      |                              | Li   |   | n filed b   | y One Re<br>y More th                                  |  |  |  |
| (City)  | (Si   | tate) (2  | Zip)   |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
|   |   | Table   | I - Non-Deriv  | ative S                      | Secui              | rities A   | cquir                        | ed, C        | Disposed (                           | of, or I                     | Benefici   | ially Own   | ed  |  |  |  |  |
| 1. Title of   | Security (Ins   | tr. 3)  | 2. Transaction<br>Date<br>(Month/Day/                      | Year) E                      | any                | ned<br>on Date,<br>Day/Year)   | 3.<br>Transa<br>Code (<br>8) |              | 4. Securities<br>Disposed Of<br>5)   | Acquire<br>(D) (Inst         | d (A) or<br>r. 3, 4 and  | 5. Amount<br>Securities<br>Beneficiall<br>Owned Fol<br>Reported | у   | 6. Owne<br>Form: D<br>(D) or<br>Indirect<br>(Instr. 4) | irect<br>(I)   | 7. Natu<br>Indired<br>Benefi<br>Owner<br>(Instr. | t<br>cial<br>ship  |
|   |   |   |  |                              |                    |  | Code                         | v            | Amount                               | (A) or<br>(D)                | Price  | Transactio<br>(Instr. 3 an                                      | n(s)<br>d 4)  | (  |  | (  | ,  |
| Common<br>share                                     | Stock, par  | value \$0.001 per                                   | r 06/07/20   | )21                          |                    |  | P                            |              | 10,000                               | A                            | \$12.99  | 1,704,  | 262   | I  |  | See<br>footn                                     | otes <sup>(1)(2</sup>                                    |
|   |   | Tal   | ble II - Deriva<br>(e.g., p                                |                              |                    |  |                              |              | sposed of<br>s, convert              |                              |  |   | d   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year)          | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year | 4.<br>Transa<br>Code (<br>8) |                    | 5. Numb<br>of<br>Derivativ<br>Securitie<br>Acquired<br>(A) or<br>Dispose<br>of (D)<br>(Instr. 3,<br>and 5) | ve (Mo                       | oiration     | sercisable and<br>n Date<br>ay/Year) | Amo<br>Secu<br>Unde<br>Deriv | cle and<br>unt of<br>urities<br>erlying<br>rative<br>urity (Instr.<br>d 4) | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)             | deriva<br>Secur<br>Benef<br>Owne<br>Follow<br>Repor | ities<br>ficially<br>d<br>ving<br>rted<br>action(s)    | 10.<br>Owner<br>Form<br>Direct<br>or Ind<br>(I) (In: | t (D)<br>lirect                                  | 11. Natu<br>of Indire<br>Benefic<br>Owners<br>(Instr. 4) |
|   |   |   |  | Code                         | v                  | (A) (D   | Dat<br>) Exe                 | e<br>ercisab | Expiratio<br>le Date                 | n<br>Title                   | Amount<br>or<br>Number<br>of<br>Shares                                     |   |   |  |  |  |  |
| ı   |   | f Reporting Person <sup>*</sup><br>ARE PARTN        | ERS FUND   | <u>2, L.P</u>                | <u>.</u>           |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| (Last) 21 WAT                                       | ERWAY AV  | (First)<br>/ENUE, SUITE                             | (Middle)<br>225  |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| (Street)<br>THE<br>WOODI                            | LANDS   | TX  | 77380  |                              | _                  |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| (City)  |   | (State)   | (Zip)  |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| 1   |   | f Reporting Person <sup>*</sup><br><u>ARE PARTN</u> |  | <u>2-A</u> ,                 |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| (Last) 21 WAT                                       | ERWAY AV  | (First)<br>/ENUE, SUITE                             | (Middle)<br>225  |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| (Street)<br>THE<br>WOODI                            | LANDS   | TX  | 77380  |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| (City)  |   | (State)   | (Zip)  |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |
| 1. Name a   | nd Address o  | f Reporting Person*                                 |  |                              |                    |  |                              |              |                                      |                              |  |   |   |  |  |  |  |

| (Last)   | (First) | (Middle) |  |  |  |  |  |
|--|---------|----------|--|--|--|--|--|
| 21 WATERWAY AVENUE, SUITE 225  |         |          |  |  |  |  |  |
| (Street) THE WOODLANDS   | TX      | 77380    |  |  |  |  |  |
| (City)   | (State) | (Zip)    |  |  |  |  |  |
| 1. Name and Address of Reporting Person* <u>EW Healthcare Partners Fund 2-UGP, LLC</u> |         |          |  |  |  |  |  |
| (Last)   | (First) | (Middle) |  |  |  |  |  |
| 21 WATERWAY AVENUE, SUITE 225  |         |          |  |  |  |  |  |
| (Street) THE WOODLANDS TX 77380  |         |          |  |  |  |  |  |
|  |         |          |  |  |  |  |  |

## **Explanation of Responses:**

## Remarks:

**EW HEALTHCARE** PARTNERS FUND 2, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 06/09/2021 Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter **EW HEALTHCARE** PARTNERS FUND 2-A, L.P., By: EW Healthcare Partners Fund 2 GP, L.P., its General Partner, By: EW Healthcare 06/09/2021 Partners Fund 2-UGP, LLC, its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter **EW HEALTHCARE** PARTNERS FUND 2 GP, L.P., By: EW Healthcare Partners Fund 2-UGP, LLC, 06/09/2021 its General Partner, By: Martin P. Sutter, Attorney-in-Fact, /s/ Martin P. Sutter **EW HEALTHCARE** PARTNERS FUND 2-UGP, LLC, By: Martin P. Sutter, 06/09/2021 Attorney-in-Fact, /s/ Martin P.

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>1.</sup> Shares shown above were the aggregate amounts of shares purchased by EW Healthcare Partners Fund 2, L.P. ("Fund 2") and EW Healthcare Partners Fund 2-A, L.P. ("Fund 2-A") on the date set forth above. Fund 2 purchased 4,131 shares and Fund 2-A purchased 5,869 shares of the amount shown purchased. Fund 2 now holds a total of 693,646 shares and Fund 2-A now holds a total of 1,010,616 shares of the Issuer.

<sup>2.</sup> EW Healthcare Partners Fund 2 GP, L.P. (the "EW Funds 89,515GP"), is the general partner of each of EW Healthcare Partners Fund 2, L.P. ("Fund 2"") and EW Healthcare Partners Fund 2-A, L.P. ("EW Fund 2-A" and together with EW Fund 2, the "EW Funds"). EW Healthcare Partners Fund 2- UGP, LLC (the "General Partner") is the general partner of EW Funds GP. The General Partner holds sole voting and dispositive power over the shares held by each of the EW Funds (the "Shares"). The managers of the General Partner are Martin P. Sutter, Ron Eastman, Scott Bany and Petri Vainio (collectively, the "Managers") and may exercise voting and investment control over the Shares only by majority action of the Managers. Each individual Manager, the EW Funds GP and the General Partner disclaims beneficial ownership over the Shares except to the extent of his or its respective pecuniary interest therein.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).