## FORM 4

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

Washington, D.C. 20549

	3 ,		
<b>STATEMENT</b>	OF CHANGES IN	I BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL							
OMB Number:	3235-0287						
OMB Number: 3235-0 Estimated average burden	burden						
hours nor roomanas	. 0.5						

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

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

Instruct																	
1. Name and Address of Reporting Person*  Lamond David					2. Issuer Name and Ticker or Trading Symbol  Quince Therapeutics, Inc. [ QNCX ]					(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u> </u>	a Duriu												✓ Director			10% Ow	·
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)					$\neg$	Officer below)	(give title		Other (s below)	pecify		
C/O QUINCE THERAPEUTICS, INC.			0	01/02/2025													
		VD, SUITE 273															
on Galewar bevo, Some 275				4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6 1	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					1. If Allies and the Control of Conginal Filed (Month Day) Teal)							Line)					
SOUTH	SAN												Form f	iled by One	Repo	orting Person	۱
FRANCISCO CA 94080												Form filed by More than One Reporting Person					
(City)	(S:	tate)	(Zip)														
, ,,																	
		Tab	le I - Non-D	)erivativ	e Se	curities	s Ac	quired, l	Disp	osed o	f, or Be	neficial	ly Owned				
1. Title of S	ecurity (Inst	r. 3)		Transactio						5. Amou				7. Nature			
				ate lonth/Day/Y	Execution Date, Transaction Disposed Of (D) (I			d Of (D) (Ins	tr. 3, 4 and	Securities Beneficially			of Indirect Beneficial				
			•	(Month/Day/Year) 8)			r) 8)					Owned F Reported				Ownership (Instr. 4)	
					Code	v	Amount	mount (A) or P		Transact	ion(s)		(111511. 4)				
											1, ,		(Instr. 3	anu 4)		ļ	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(e.	g., puts	, calls	s, warr	ants	, option	s, c	onvertil	ble secu	rities)					
	2.	3. Transaction	3A. Deemed	4.		5. Number		6. Date Exercisable and		7. Title an		8. Price of	9. Number			11. Nature	
			e, Trans Code				Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Price of Derivative	<b>,</b>	(Month/Day/Year) 8) Securities Derivative Se							(Instr. 5)	(Instr. 5) Beneficially Owned		Direct (D) or Indirect	Ownership (Instr. 4)			
	Security				Acquired (Instr. 3 and 4) (A) or Disposed of (D) (Instr.						iu 4)		Following	llowing (I) (Instr. 4)		(111501. 4)	
													Reported Transaction				
					3, 4 and 5)			3, 4 and 5)				]	(Instr. 4)				
												Amount					
												Number					
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	of Shares					
Director							П		$\top$								
Stock	<b>61</b> 00	01/02/2025		1.		47.507		(1)		1/02/2025	Common	17 507		47.50	,	Б	
Option (right to	\$1.88	01/02/2025		A		47,587		(1)	10	1/02/2035	Stock	47,587	\$0	47,587	'	D	
buy)																	1

## Explanation of Responses:

1. The shares subject to the option shall vest in equal quarterly installments over a one year-period. The Reporting Person elected to receive the stock options in lieu of the annual director cash retainer for 2025 provided for under the Issuer's Outside Director Compensation Policy.

/s/ Brendan Hannah, Attorneyin-Fact

01/08/2025

\*\* 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.