## 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 |  |  |  |  |  |  |  |  |  |  |
| Estimated average b | ourden    |  |  |  |  |  |  |  |  |  |  |
| hours per response. | 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

| 1. Name and Address of Reporting Person*  McLoughlin Margaret  |   |            |   | 2. Issuer Name and Ticker or Trading Symbol Quince Therapeutics, Inc. [ QNCX ] |                 |  |   |        |                     |               |                             | neck all app         | tor  | g Pers  | 10% Ov   | vner  |                                       |   |
|--|---|------------|---|--|-----------------|--|---|--------|---------------------|---------------|-----------------------------|----------------------|--|---|--|---|---------------------------------------|---|
| (Last) (First) (Middle) C/O QUINCE THERAPEUTICS, INC. 611 GATEWAY BLVD, SUITE 273  |   |            | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025 |  |                 |  |   |        |                     |               |                             |                      | fficer (give title<br>elow)                |   | Other (specify below)                              |   |                                       |   |
| (Street) SOUTH FRANCI (City)   | SCO C.  |            | 94080<br>(Zip)  |  | 4. II           | f Ame  | endment, [  | Date o | of Original F       | iled          | (Month/Da                   | ay/Year)             | 6.<br>Lir                                  | e)<br>Forn  | r Joint/Group<br>filed by One<br>filed by Mo<br>on | e Repo  | orting Perso                          | n |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |            |   |  |                 |  |   |        |                     |               |                             |                      |  |   |  |   |                                       |   |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)   |   |            |   |  | Execution Date, |  | 3. Transaction Code (Instr. 3) 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5) |        |                     | Benefi        | ties<br>cially<br>Following | Form<br>(D) o        | n: Direct<br>r Indirect<br>sstr. 4)        | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |   |                                       |   |
|  |   |            |   |  |                 | Code   | V   | Amount | (A) or<br>(D)       | Price         | Transa                      | ction(s)<br>3 and 4) |  |   | (111511. 4)  |   |                                       |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |            |   |  |                 |  |   |        |                     |               |                             |                      |  |   |  |   |                                       |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |            | ate, Ti   | ransaction<br>ode (Instr.)  Securi<br>Acquii<br>(A) or<br>Dispo-<br>of (D)     |                 | of<br>Derivati<br>Securiti<br>Acquire<br>(A) or<br>Dispose<br>of (D) (II | Derivative Securities Acquired (Month/Day/Yea   |        | Date                | of Securities |                             | ies<br>g<br>Security | 8. Price of Derivative Security (Instr. 5) |   | e<br>s<br>illy                                     | Ownershi<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4 | Beneficial<br>Ownership<br>(Instr. 4) |   |
|  |   |            |   | c  | ode             | v  | (A)   | (D)    | Date<br>Exercisable |               | xpiration<br>ate            | Title                | Amount<br>or<br>Number<br>of<br>Shares     |   |  |   |                                       |   |
| Director<br>Stock<br>Option<br>(right to<br>buy)   | \$1.88  | 01/02/2025 |   |  | A               |  | 31,613  |        | (1)                 | 0             | 1/02/2035                   | Common<br>Stock      | 31,613                                     | \$0   | 31,61  | 3   | D                                     |   |

## 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.