| SEC For | | | | OTA: | TEO | | | | | | VOLLA | | ~~~ | | | | | | |
|---|---|--|---|--|---|------|--|-----------|---|---------------------|--------------------|--|--------------------------------|---|---|---|-------------------------|--|---------------------------------------|
| FORM 4 UNITE | | | | TED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549 | | | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | d purs | NT OF CHANGES IN BENEFICIAL OWNE | | | | | | | | | | Estima | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] O'CALLAGHAN BRIAN | | | | | 2. Issuer Name and Ticker or Trading Symbol Bolt Biotherapeutics, Inc. [BOLT] | | | | | | | | | ck all applie | cable) or | 10% Owner | | | |
| (Last) (First) (Middle) C/O BOLT BIOTHERAPEUTICS, INC. 900 CHESAPEAKE DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/17/2021 | | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify |
| (Street) REDWC CITY | | 94063 | | 4. If | 4. If Amendment, Date of Original Fil | | | | | ed (Month/Day/Year) | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | ı | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | ole I - Non | -Deriv | ative | e Se | curities | s Ac | quired, I | Disp | posed o | of, or B | enefic | cially | y Owned | | | | |
| 1. Title of Security (Instr. 3) Date (Month/E | | | | | Execution D | | | Code (Ins | | | | | | | s Form Ily (D) o ollowing (I) (In | | r Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | Code V A | | Amount | ount (A) or (D) F | | ice | Transact (Instr. 3 a | ion(s) | | | (Instr. 4) | | |
| | | - | Table II - I (| | | | | | uired, Di , options | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day | Date, T | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exe Expiration (Month/Day | Date | | and 7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | e s Ily J | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | ode | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amo or Num of Shai | ber | | | | | |
| Stock Option (Right to Buy) | \$9.01 | 11/17/2021 | | | A | | 27,860 | | (1) | 1 | 1/16/2031 | Commo Stock | ⁿ 27,8 | 360 | \$0.00 | 27,86 | 0 | D | |

Explanation of Responses:

1. The shares subject to this option shall vest in equal monthly installments, at a rate of 1/36th of the total number of shares on each monthly anniversary of November 17, 2021 (the "Vesting Commencement Date") for so long as the Reporting Person provides continuous service to the Issuer, such that the total number of shares shall be fully vested on the three-year anniversary of the Vesting Commencement Date; provided, however that the option will vest in full upon a change in control of the Issuer.

Remarks:

/s/ Brian Woodard, Attorney-in-Fact <u>11/19/2021</u>

** Signature of Reporting Person Date

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

 \ast 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.