FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL										
OMB Number:	3235-0287									
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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)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	tion 10.																			
1. Name and Address of Reporting Person* Dupont Jakob						2. Issuer Name and Ticker or Trading Symbol Bolt Biotherapeutics, Inc. [BOLT]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
													1	✓ Director			10% Ow			
(Last) (First) (Middle) C/O BOLT BIOTHERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024									Officer (give title Other (specify below) below)						
			NC.																	
900 CHE	ESAPEAKE	DRIVE	4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable								
(Street) REDWO	OD C.	A	94063		4. If Afficialities II, Date of Original Filed (Month/Day/Teal)								Line	e) Form f	n filed by One Reporti		orting Persor	ing Person		
(City)	(S	tate)	(Zip)																	
		Tab	le I - Non-	Deriva	tive	Sec	urities	Ac	quired, D	ispos	ed o	f, or Bei	neficiall	y Owned						
Date				. Transac Date Month/Da) Ē	ZA. Deemed Execution Date, f any Month/Day/Year		Code (Ins	ransaction Disposed ode (Instr. 5)		rities Acquired (A) or d Of (D) (Instr. 3, 4 a		Beneficia Owned F	s ally following	Form	: Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership		
							Code V	Am	nount	(A) or (D)	Price	Reported Transact (Instr. 3 a	tion(s)			Instr. 4)				
		-	Гable II - D (e	erivati .g., pu	ve Se	ecu alls	rities <i>i</i>	Acq ants	uired, Dis , options,	pose	d of, /ertil	or Bene ble secu	eficially rities)	Owned						
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Co	ansacti ode (Ins		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/\)	ate	and	nd 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivatives Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode V	,	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares							
Stock Option (Right to Buy)	\$0.6798	09/03/2024		1	A		50,000		(1)	09/02/	/2034	Common Stock	50,000	\$0	50,000	0	D			
Stock Option (Right to Buy)	\$0.6798	09/03/2024		1	A		16,984		(2)	09/02/	/2034	Common Stock	16,984	\$0	16,984	4	D			
		•								•								•		

- 1. For so long as the Reporting Person continuously provides services to the Issuer this option will vest with respect to the shares as follows: 1/36th of the shares will vest upon the Reporting Person completing each month of continuous service following September 3, 2024; provided, however that the option will vest in full upon a change in control.
- 2. The shares subject to this option shall vest in full on the date immediately preceding the date of the Issuer's next annual stockholder meeting for so long as the Reporting Person is serving as a director of the Issuer on such date; provided, however that the option will vest in full upon a change in control.

/s/ Jakob Dupont

09/06/2024

** 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.