FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| nington, D.C. 20549 | |
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| OMB APPROVAL | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average | burden | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

hours per response: 0.5

| | ction 1(b). | iue. See | File | | | Section 16(a) 30(h) of the Ir | | | | | 934 | | | hours | per res | sponse: | 0.5 |
|--|--|----------|---------------------------------|---|---|--|--------|-----|---|------------------------------|--|--|--|--|--|--|------------|
| 1. Name and Address of Reporting Person* YOUNG KEVIN | | | | 2. Issuer Name and Ticker or Trading Symbol Cortexyme, Inc. [CRTX] | | | | | | Check all | appli irecto | or | | 10% O | wner | | |
| l | t) (First) (Middle) CORTEXYME, INC. EAST GRAND AVE. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2019 | | | | | | | Officer elow) | er (give title v) | | Other (specify below) | | |
| (Street) SOUTH FRANCE | (' / | A 9 | 4080 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | ine) X F | on orting | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriva | ative S | ecu | rities Acq | uired, | Dis | osed of | , or Be | nefic | ially O | wne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3) | | | | S, 4 and Secu Bene Own | | Amount of curities neficially ned Following | | nership : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | v | Amount | (A) or (D) | Pric | Tra | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | | 05/13 | /2019 | | | P | | 30,000 | A | A \$17 30,000 | | ,000 | | D | | |
| | | Tal | ble II - Derivat (e.g., p | | | ties Acqu warrants, | | | | | | | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | 4. Transac Code (II 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Date

Exercisable

(D)

Explanation of Responses:

Remarks:

/s/ Christopher Lowe, as attorney-in-fact for Kevin

Number

Shares

03/12/2020

Young

Title

Expiration Date

** 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.

 $^{^{\}star}$ 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).