FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| Nachingto | n D | C^{2} | N549 | | | |

OMB APPROVAL OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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-

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

3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Person* <u>Hannah Brendan</u> | | | 2. Issuer Name and Ticker or Trading Symbol Quince Therapeutics, Inc. [QNCX] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
|--|---------------------------------------|--|--|---|--|---|--------|---|--------|------|--|------------|--|---|--------------------------------------|----------------------------|---|------------|
| (Last) (First) (Middle) C/O QUINCE THERAPEUTICS, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/19/2024 | | | | | | | | Officer (give title Other (specify below) CHIEF BUSINESS OFFICER AND COO | | | | | | | |
| 611 GAT | TEWAY BI | LVD, SUITE 27 | 3 | | | | | | | | | | | | | | | |
| (Street) SOUTH FRANCI | · · · · · · · · · · · · · · · · · · · | A | 94080 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or E | enef | cially | y Own | ed | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | es Acquired (A) or Of (D) (Instr. 3, 4 and | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pr | ice | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | (Instr. 4) |
| Common | Stock | | | 08/19/2 | 2024 | | | | P | | 2,155 | A | \$ | 0.58 | 25 | 9,771 | D | |
| Common | Common Stock 08/20/2 | | 2024 | | P | | 2,500 | A | \$ | 0.61 | 262,271 | | D | | | | | |
| Common | Stock | | | 08/20/2 | 2024 | | | | P | | 3,424 | A | | 0.6 | 26 | 5,695 | D | |
| Common | Stock | | | 08/21/2 | 2024 | | | | P | | 2,280 | A | \$ | 0.61 | 267,975 | | D | |
| Common | Stock | | | 08/21/2 | 2024 | | | | P | | 5,000 | A | \$ | 0.62 | 272,975 | | D | |
| Common | Stock | | | 08/21/2 | 2024 | | | | P | | 23,565 | A | \$ | 0.63 | 29 | 6,540 | D | |
| | | Ta | | | | | | | | | osed of, o | | | | Owne | d | | |
| Security or Exercise (Month/Day/Year) if any | | med on Date, | 4. Transaction Code (Instr. 8) 5. Numt of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | | rative rities pired r psed) | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | sable and | 1 | | 8. Price of Derivative Security (Instr. 5) | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficia Ownersh t (Instr. 4) | | | |
| | | | | İ | | | | | | | | | Amou | nt | | | | |

Explanation of Responses:

/s/ Brendan Hannah

Title

Expiration Date

08/21/2024

** Signature of Reporting Person Date

Number

Shares

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.

Date

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