FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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).

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* Patni Rajiv | | | | Qı | Issuer Name and Ticker or Trading Symbol Quince Therapeutics, Inc. [QNCX] Date of Earliest Transaction (Month/Day/Year) | | | | | | (Che | eck all applic | able) | | Ssuer Dwner (specify | | |
|--|--|------------|------------|--------------------------------------|--|--|-----------|--|---|----------------|--|---|---|---|-----------------------|-------|--|
| (Last) | (Fi | rst) | (Middle) | | | 02/15/2024 | | | | | | | | below) | | below | |
| C/O QUINCE THERAPEUTICS, INC. | | | | 4.1 | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| 611 GATEWAY BOULEVARD, SUITE 273 | | | | | | | | | | | | | Line | , | Reporting Per | son | |
| (Street) SOUTH SAN | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| FRANCISCO CA 94080 | | | | Rı | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| (City) | (S | tate) | (Zip) | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | ed to | | | | |
| | | Tab | le I - Nor | ı-Deriv | vativ | e Sec | curities | Ac | quired, D | ispos | sed o | f, or Bei | neficiall | y Owned | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Code (Ins | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | 5. Amou Securitie Beneficia Owned F Reported | s ally ollowing | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code V | Am | nount | (A) or (D) | Price | Transact (Instr. 3 a | tion(s) | | (Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, Tecurity or Exercise (Month/Day/Year) if any | | | ransaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | ation | Title | Amount or Number of Shares | | | | |
| Employee Stock Option (right to buy) | \$1.3 | 02/15/2024 | | | Α | | 54,000 | | (1) | 02/15/ | 5/2034 | Common Stock | 54,000 | \$0 | 54,000 | D | |

Explanation of Responses:

1. The shares subject to the stock option shall vest in equal annual installments over the three-year period following the grant date of February 15, 2024, subject to the Reporting Person's continued service as a member of the Board of Directors of the Issuer as of each such vesting date.

/s/ Brendan Hannah, Attorneyin-Fact ** Signature of Reporting Person

02/15/2024

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.