FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| <b>STATEMENT</b> | OF CHANGES | S 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* Smith Karen L.                                 |  |            |                                 | 2. Issuer Name and Ticker or Trading Symbol Quince Therapeutics, Inc. [ QNCX ] |   |              |         |                          |   |  | 5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director 10% Owr  V Officer (give title Other (sp |  |  |             | ner   |  |  |
|---|--|------------|---------------------------------|--|---|--------------|---------|--------------------------|---|--|---|--|--|-------------|-------|--|--|
| (Last) (First) (Middle) C/O CORTEXYME, INC. 601 GATEWAY BLVD, #1250                     |  |            |                                 | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2023                    |   |              |         |                          |   |  |   | X Officer (greater below)  Chief Medical Officer                         |  |             |       |  |  |
| (Street) SOUTH FRANCI   | SCO  | A tate)    | 94080<br>(Zip)                  |  | 4. If Amo   | endment, [   | Date of | Original F               | iled (  | Month/Da   | y/Year)   | 6.<br>Lir  | X Form f   | iled by One | Repor | (Check Appl<br>ting Person<br>One Report |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned        |  |            |                                 |  |   |              |         |                          |   |  |   |  |  |             |       |  |  |
| Date  |  |            | 2. Transac<br>Date<br>(Month/Da | Execution Date,  |   | Code (Instr. |         |                          | 5. Amou<br>Securitie<br>Benefici<br>Owned F<br>Reported | s Form<br>lly (D) collowing (I) (II  |   | Direct Indirect Etr. 4)  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |             |       |  |  |
|   |  |            |                                 |  |   |              | Code    | v                        | Amount  | (A) or<br>(D)  |   | Transact   | Transaction(s)<br>(Instr. 3 and 4)                                 |             |       |  |  |
|   | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |            |                                 |  |   |              |         |                          |   |  |   |  |  |             |       |  |  |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any |  | Code       | ansaction Derivative            |  | 6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) |              |         | ties<br>ig<br>e Security | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)     | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s) | e<br>s<br>Illy  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |             |       |  |  |
|   |  |            |                                 | Code   | v   | (A)          |         | Date<br>Exercisable      |   | xpiration<br>ate   | Title   | Amount<br>or<br>Number<br>of Shares                                      | ;  | (Instr. 4)  | on(s) |  |  |
| Employee<br>Stock<br>Option<br>(right to<br>buy)  | \$0.94   | 02/01/2023 |                                 | A  |   | 225,000      |         | (1)                      | 01  | 1/31/2033  | Common<br>Stock   | 225,000  | \$0.00   | 225,00      | 00    | D  |  |

1. The shares subject to this option shall vest in equal monthly installments, at a rate of 1/48th of the total number of shares on each monthly anniversary of the vesting commencement date of January 1, 2023, such that the total number of shares shall be fully vested on the four-year anniversary of the vesting commencement date.

## Remarks:

/s/ Ted Monohon, Attorney-in-Fact for Karen L. Smith

02/02/2023

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.