FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Nashington,	1)(;	20549

## 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

Name and Address of Reporting Person*     Thye Dirk					2. Issuer Name and Ticker or Trading Symbol Quince Therapeutics, Inc. [ QNCX ]					(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(First) (Middle) QUINCE THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 02/01/2024				X	X Officer (give title below) Other (specify below)  CEO AND CHIEF MEDICAL OFFICER						
611 GATEWAY BLVD, SUITE 273				[	4. If Amendment, Date of Original Filed (Month/Day/Year)					Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
(Street) SOUTH FRANCE	•	A	94080		Rule 10b5-1(c) Transaction Indication						Form filed by More than One Reporting Person					
(City)	(5	state)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contrar affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						act, instruction or written plan that is intended to satisfy the				tisfy the	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transc Date (Month/D				ate	2A. Deemed Execution Date if any (Month/Day/Yea		Date,	Code (Instr.		ed (A) or str. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Nature of direct eneficial wnership nstr. 4)	
							Code	Amount	(A) (D)	Price	Transactio (Instr. 3 an				1501. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		A)	Expiration Date (Month/Day/Year) Sec (Ins		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Owne Form Direc or Inc (I) (In	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	(6)		
Employee Stock Option (right to buy)	\$1.31	02/01/2024		A		1,500,000		(1)	01/31/2034	Common Stock	1,500,000	\$0	1,500,00	00 1		

## **Explanation of Responses:**

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, 2024, such that the total number of shares shall be fully vested on the four-year anniversary of the vesting commencement date.

/s/ Dirk Thye

02/01/2024

\*\* 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.