FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 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

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						Issuer Name and Ticker or Trading Symbol enaya Therapeutics, Inc. [TNYA]								Relationship of Reporting (Check all applicable) X Director			g Person(s) to Issuer 10% Owner			
					3. Date of Earliest Transaction (Month/Day/Year) 11/17/2022									Officer (below)	give title		Other below	(specify)		
I					_ 4	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City) (State) (Zip)																		_		
1. Title of Security (Instr. 3) 2. Transaction Date						2A. Deeme Execution if any	cquired, Disposed of, or Benefic 3. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			A) or	5. Amount of Securities Beneficially		6. Owners Form: Dire (D) or Indi		7. Nature of Indirect Beneficial					
							(Month/Day/Year)		Code	v	Amount		(A) or (D)		Reported Transaction	Owned Following Reported Transaction(s) (Instr. 3 and 4)		str. 4)	Ownership (Instr. 4)	
Common Stock				11/1	17/20	022			P		2,492,	042 A		\$2.6	6,078	6,078,860		I	See footnote ⁽¹⁾	
			Table II -				curities Ills, warr								Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code (In		action Derivative E		Expiratio	6. Date Exercisa Expiration Date (Month/Day/Year		Securities		derlying curity	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte	re Owner es Form: ally Direct or Indi eg (I) (Ins	Ownersh	Beneficial Ownership ct (Instr. 4)		
				C	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title	N	mount or umber of nares		Transactio (Instr. 4)		m(s)		
Warrant	\$0.001	11/17/2022			P		1,354,111		11/17/20	22	(2)	Con Sto	ock 1	,354,111	\$2.599	1,354	,111	I	See footnote ⁽¹⁾	
Name and Address of Reporting Person* <u>Casdin Eli</u>																				
(Last) (First) (Middle) 1350 AVENUE OF THE AMERICAS SUITE 2600																				
(Street) NEW Y	ORK	NY	10019	9																
(City)		(State)	(Zip)																	
Name and Address of Reporting Person* Casdin Capital, LLC																				
(Last) 1350 AV SUITE 2		(First) THE AMERICA	(Middle	e)																
(Street)																				

Explanation of Responses:

NY

(State)

10019

(Zip)

NEW YORK

(City)

- 1. The securities are owned directly by clients of Casdin Capital, LLC ("Casdin Capital") and may be deemed to be indirectly beneficially owned by (i) Casdin Capital, the investment adviser to such clients and (ii) Eli Casdin, the managing member of Casdin Capital.
- 2. Each Warrant will be exercisable on or after the date of issuance until the date the Warrant is exercised in full. Each Warrant will be exercisable, in the holder's discretion, by (i) payment in full in immediately available funds for the number of shares of common stock purchased upon such exercise or (ii) a cashless exercise, in which case the holder would receive upon such exercise the net number of shares of common stock determined according to a pre-set formula.

Remarks:

Each Reporting Person disclaims beneficial ownership in the securities reported on this Form 4 except to the extent of its or his pecuniary interest, if any, therein, and this report shall not be deemed to be an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

> /s/ Eli Casdin Casdin Capital LLC, By: /s/ Eli Casdin, Managing Member

11/25/2022

11/25/2022

** Signature of Reporting Person

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.