FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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200.0	OMB APPROVAL

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).

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

OMB APPRO	VAL
OMB Number:	3235-0287
Estimated average burd	len
hours per response:	0.5
	OMB Number: Estimated average burd

1. Name and Address of Reporting Person*  Walsh Jeffrey T.					2. Issuer Name and Ticker or Trading Symbol Tenaya Therapeutics, Inc. [TNYA]									k all applic	cable)	g Pers	son(s) to Iss 10% Ov		
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023									Officer below)	(give title		Other (sbelow)	specify
		RAPEUTICS, II IT BLVD., 5TH			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) SOUTH FRANCE	( )	A	94080		Ru	Form filed by More than One Reporting Person											rting		
FRANCISCO  (City) (State) (Zip)  Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c).										ınt to a c									
		Tab	le I - Nor	ı-Deri	vative	Se	curitie	s A	cquired, E	isp	osed o	f, or Be	nefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ır)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (In	Transaction Dispose Code (Instr. 5)		ities Acquii d Of (D) (In		and Securitie Benefici		ies For cially (D) Following (I)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	٧	Amount	(A) o (D)	r Pric	rico Transa					
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)	Derivative Conversion Date Execution Date, To Security or Exercise (Month/Day/Year) if any C				4. Transac Code (In 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		D   S   (I	B. Price of Derivative Gecurity Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou or Numb of Share	er					
Stock Option (Right to buy)	\$7.12	06/09/2023			A		29,532		06/09/2024 <sup>(1</sup>	0	6/08/2033	Common Stock	29,53	32	\$0.00	29,532		D	

## **Explanation of Responses:**

1. Option granted pursuant to the Tenaya Therapeutics, Inc. 2021 Equity Incentive Plan. Option will vest in full upon the first anniversary of the date of grant or, if earlier, the day immediately before the date of the next annual meeting of stockholders that occurs after the grant date, subject to the Reporting Person continuing to be a service provider to the Issuer through each applicable vesting date.

## Remarks:

/s/ Jennifer Drimmer Rokovich, 06/12/2023 Attorney-in-Fact

\*\* 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.