FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/10
vvasiiiiiqtoii,	D.C.	20349

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours per response:	0.5						

١	Check this box if no longer subject 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*     Tamboli Ajim					2. Issuer Name and Ticker or Trading Symbol  Monte Rosa Therapeutics, Inc. [ GLUE ]								k all applical Director Officer (g	,		10% Ow Other (s	ner	
(Last) (First) (Middle)  MONTE ROSA THERAPEUTICS, INC.  645 SUMMER STREET, SUITE 102					3. Date of Earliest Transaction (Month/Day/Year) 04/12/2021							1	below) Ch	ief Fina	ncial (	below) Officer		
(Street) BOSTO		IA State)	02210 (Zip)									Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
		1	able I - Non-	Deriva	tive S	ecurities	s Ac	quired, [	Disp	osed o	of, or Be	nefic	ially C	Owned				
I				. Transaction ate Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amount Securities Beneficially Owned Foll Reported	y Form: (D) or		Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	ount (A) or (D)		ice	Transaction (Instr. 3 and				
	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)	4. Transa Code ( 8)		ction Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amo Securities Under Derivative Secur (Instr. 3 and 4)			lying	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficie Owned Followin Reported Transact	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership tt (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amou Numb Share	er of	(Instr.				
Stock Option (Right to Buy)	\$6.14 <sup>(1)</sup>	04/12/2021		A <sup>(2)</sup>		100,938 <sup>(1)</sup>		(3)	0	4/12/2031	Common Stock	100,	938(1)	\$0.00	100,938 <sup>(1)</sup>		D	
Stock Option (Right to Buy)	\$19	06/23/2021		A		56,649		(4)	0	6/22/2031	Common Stock	56,	649	\$0.00	56,6	56,649 D		

## **Explanation of Responses:**

- 1. On June 17, 2021, the Issuer completed a one-for-3.5305 reverse stock split of the Issuer's Common Stock (the "Reverse Split"). This amount has been adjusted to give effect to the Reverse Split.
- 2. This transaction occurred prior to the Issuer's initial public offering, and is being reported on Form 4 solely for purposes of compliance with Rule 16a-2(a) under the Securities Exchange Act of 1934, as amended (the "Exchange Act"). The securities covered by such transaction were previously included on the Reporting Person's Form 3.
- 3. 25% of this option shall vest and become exercisable on April 9, 2022, with the remainder vesting in 36 substantially equal monthly installments thereafter.
- 4. 25% of this option shall vest and become exercisable on May 28, 2022, with the remainder vesting in 36 substantially equal monthly installments thereafter.

## Remarks:

/s/ Ajim Tamboli

06/25/2021

\*\* 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.