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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to exist the office of the indicate of the restrict of the office of the section. to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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*     Nickson Philip					2. Issuer Name and Ticker or Trading Symbol  Monte Rosa Therapeutics, Inc. [ GLUE ]								(Che	elationship o ck all applica Director	able)	g Pers	on(s) to Issu 10% Ov Other (s	vner
(Last) MONTE	(First) (Middle) ROSA THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/02/2025								_	below)	Business & Lo		below)	`
321 HARRISON AVENUE, SUITE 900																		
(Street)  BOSTON MA 02118  (City) (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc Line)	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(Oity)									<u> </u>		, -		<b>6</b>	2 1				
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans: Date (Month/I							ied n Date,	3. Transaction Code (Instr.		4. Securi	Securities Acquired (A) sposed Of (D) (Instr. 3, 4		A) or	5. Amour Securities Beneficia Owned Fe	s Form ally (D) o ollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount	Amount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				
Common Stock 01/02					/2025		A		36,000 <sup>(1)</sup> A		(1)	36,000			D			
			Table II - E			curities Ils, 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 (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Coc	le V	(A)		Date Exercisab		expiration Pate	Title	or Nu	nount ımber Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$7.11	01/02/2025		A		161,000		(2)	0	1/01/2035	Commo Stock		61,000	\$0	\$0 161,000		D	

## **Explanation of Responses:**

- 1. Represents restricted stock units ("RSUs") granted under the Issuer's 2021 Stock Option and Incentive Plan. Each RSU represents the contingent right to receive one share of the Issuer's Common Stock upon vesting and settlement. 25% of the RSUs shall vest on January 1, 2026, with the remainder vesting in 3 equal annual installments thereafter, subject to the Reporting Person's continued service on each such vesting
- 2. 25% of this option shall vest and become exercisable on January 1, 2026, with the remainder vesting in 36 substantially equal monthly installments thereafter, subject to the Reporting Person's continued service on each such vesting date

/s/ Markus Warmuth, Attorney-01/06/2025 in-Fact

\*\* 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.