FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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|-------------|------|-------|

| 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

| manuc | uon 1(b). | | | rıı | | | | | Investmer | | | | | 94 | | | | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------|------|----------------------------------------------------------------|--------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------|--------|-----------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------|---------------------------------------|
| 1. Name and Address of Reporting Person* Wallace Owen B. | | | | | 2. Issuer Name and Ticker or Trading Symbol Monte Rosa Therapeutics, Inc. [GLUE] | | | | | | | | (Che | ck all applic Director | ationship of Reporting call applicable) Director Officer (give title | | 10% O | wner | |
| (Last) (First) (Middle) MONTE ROSA THERAPEUTICS, INC. 645 SUMMER STREET, SUITE 102 | | | | | 03 | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022 | | | | | | | X | below) | | | | | |
| (Street) | | IA | 02210 | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Inc Line) | | | | | n | | | |
| (City) | (S | State) | (Zip) ble I - Non | n-Deri | vativ | ve Se | curitie | s Ac | auired. | Disi | nosed o | of. O | r Bene | eficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transc Date (Month/L | | | sactio | action 2A. Deemed Execution Date, | | 3. 4. Securities Acquired (A) of Transaction Code (Instr.) | | | (A) or | or 5. Amount of Securities Beneficially Owned Followin | | Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | |
| | | | Table II - I | | | | | | uired, D s, optior | | | | | | 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 Da if any (Month/Day/\) | · c | ransa Code (| action (Instr. | n Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Date Exercisable

(1)

(D)

(A)

117 450

Explanation of Responses:

\$13.41

1. 25% of this option shall vest and become exercisable on January 1, 2023, with the remainder vesting in 36 substantially equal monthly installments thereafter.

Remarks:

Stock Option

(Right to Buy)

/s/ Ajim Tamboli, Attorney-in-

Number of Shares

117,450

03/02/2022

117,450

D

Fact

Title

02/29/2032

Common

** Signature of Reporting Person

Date

\$0.00

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).

03/01/2022

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

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.