SEC For	m 4																	
	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549														APPRO	/AL	
Section obligat	this box if no lo 16. Form 4 or ions may contir tion 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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 Number: 3235-0287 Estimated average burden hours per response: 0.5				
1. Name and Address of Reporting Person [*] Blackwell Kimberly (Last) (First) (Middle)					- <u>M</u> 3.	Monte Rosa Therapeutics, Inc. [GLUE] 3. Date of Earliest Transaction (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify below) below)				ner
MONTE ROSA THERAPEUTICS, INC. 645 SUMMER STREET, SUITE 102						04/12/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) 6.								5. Individual or Joint/Group Filing (Check Applicable				
(Street) BOSTON MA 02210					_	Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City) (State) (Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Trans. Date (Month/L					Execution Date			, Transaction I Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securities Beneficia Owned Fe Reported	s Form Ily (D) or ollowing (I) (In		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code \	/	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	on(s)		`	
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 I if any (Month/Day	Date,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration I (Month/Day	Date	of Securities		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s Illy J	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisable		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	011(3)		
Stock Option (Right to Buy)	\$6.14 ⁽¹⁾	04/12/2021			A ⁽²⁾		7,081 ⁽¹⁾		(3)	0)4/12/2031	Common Stock	7,081(1)	\$0.00	7,081((1)	D	

Explanation of Responses:

\$<mark>19</mark>

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.

47,132

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.

(4)

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.

A

4. This option shall vest in 36 substantially equal monthly installments, with the first installment vesting on June 28, 2021.

Remarks:

Stock Option

Buy)

(Right to

/s/ Ajim Tamboli, Attorney-in-Eact 06/25/2021

\$0.00

47,132

D

** Signature of Reporting Person Date

47,132

Common

Stock

Fact

06/22/2031

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).

06/23/2021

** 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.