FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Washington, D.C. 20549	
STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
	OMB Number:								

hours per response:

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

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	nd Address of eg <u>Alexan</u>	Reporting Person*							ker or Tradin		GLUE]		telationship eck all appli	of Reporting Pocable)	erson(s) to Iss	suer
<u>Iviay w t</u>	zg Alexan	<u>uei</u>											X Directo	or	10% Ov	/ner
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/14/2023							Officer below)	(give title	Other (s below)	pecify
MONTE	ROSA TH	ERAPEUTICS,	INC.		4 If	۸ma	ndmont I	Doto	of Original Fi	od (Month/F)ou/Voor)	6 1	adividual or	Joint/Group Fili	na (Chook An	nlicable
321 НДІ	RRISON AV	ENUE, SUITE	900		4. 117	Ame	nument, i	Date	oi Originai Fi	eu (Monthi)	ay/ rear)	Line		John Group Fin	ng (Check Ap	plicable
521 11/11	iddoor i i	LIVOL, SOTTE	500										X Form f	iled by One Re	portina Perso	n I
(Street)	NT 3.4		02110											iled by More th		
BOSTO	N M	A	02118		<u> </u>		1015	4 / 1			1					
							Rule 10b5-1(c) Transaction Indication									
(City)	(S	tate)	(Zip)		1,											
							Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									
		Tab	le I - Noi	n-Deri\	/ative	Sec	curities	Ac	quired, D	isposed	of, or Be	neficial	ly Owne	t		
1 Title of	Security (Ins	tr 3)		2. Trans	action	7 2	A. Deeme	d	3.	4. Secu	rities Acqui	red (A) or	5. Amou	nt of 6. 0	Ownership	7. Nature
1. THE OT	occurry (ms			Date		Execution Date, Transaction Disposed Of (D) (Instr. 3						4 and Securities Form: Direct			of Indirect	
(Month/Da				Day/Yeai		any Month/Da	y/Yea	Code (Ins	tr. 5)	5)		Benefici Owned			Beneficial Ownership	
				, , , , ,		· - ·		+	Amount (A) or (D) Prid		Reporte	d i		(Instr. 4)		
								Code			/ Amoun	Transac (Instr. 3	and 4)			
			- 1-1 - 11	<u> </u>				A	in a pin			. 61 . 1 . 11	<u> </u>	ı		
		ı							uired, Dis , options				Owned			
1. Title of	2.	3. Transaction	3A. Deem	ed	4.	1.		oer	6. Date Exer	cisable and	7. Title an	d	8. Price of		10.	11. Nature
Derivative	Conversion	Date (Manth/Day/Veer)	Execution Date,		Transac Code (Ir				Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities	Ownership Form:	of Indirect Beneficial
				8)	ısır.	Securities		Underlying			g	(Instr. 5)	Beneficially	Direct (D)	Ownership	
Derivative Security						Acquired				Derivative Secu					or Indirect (I) (Instr. 4)	(Instr. 4)
						(A) or Disposed of (D) (Instr. 3, 4					11u 4)		Reported	1		
													Transaction(s) (Instr. 4))		
							and 5)							(111511. 4)		
										Amount						
												or				
									Date	 Expiration		Number of				
					Code	v	(A)	(D)	Exercisable	Date	Title	Shares				
Stock																
Option	\$6.59	06/14/2023			Α		20,500		(1)	06/13/2033	Common	20,500	\$0.00	20,500	D	
(Right to Buy)											Stock					

Explanation of Responses:

1. The shares subject to this option shall vest and become exercisable in full upon the earlier to occur of (i) June 14, 2024 or (ii) the Issuer's next annual meeting of stockholders, subject to the Reporting Person's continued service at such time.

Remarks:

/s/ Ajim Tamboli, Attorney-in-**Fact**

06/15/2023

** 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.