SEC For	m 4 FORM	٨		אדפ ר	TES	S SF	CUR	ITIF		ЕХСНА		ОММІ	SSION				
				D STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										ON	OMB APPROVAL		
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 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 <sup>*</sup> Dunn Edmund						2. Issuer Name and Ticker or Trading Symbol 5							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify			ner	
(Last) (First) MONTE ROSA THERAPEUTICS,			(Middle) INC.		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024							X below) below) Principal Accounting Officer					
321 HARRISON AVENUE, SUITE 900					4.1	Line)						e)	Joint/Group Filing (Check Applicable filed by One Reporting Person				
(Street) BOSTO	N M	A	02118											led by More th	an One Repor		
(City) (State) (Zip)					R	Rule 10b5-1(c) Transaction Indication											
	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.															to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Tran Date (Montt						ear) E	2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amoun Securitie Beneficia Owned F	s Form Ily (D) o bllowing (I) (Ir	rm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code V	Amount	(A) or (D)	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
	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)	vative Conversion Date urity or Exercise (Month/Day/Year)			Date,	4. Transaction Code (Instr 8)				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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$5.71	01/02/2024			Α		25,000		(1)	01/01/2034	Common Stock	25,000	\$0.00	25,000	D		
Stock Option (Right to Buy)	\$5.71	01/02/2024			A		35,900		(2)	01/01/2034	Common Stock	35,900	\$0.00	35,900	D		

## Explanation of Responses:

1. 25% of this option shall vest and become exercisable on October 2, 2024, with the remainder vesting in 36 substantially equal monthly installments thereafter, subject to the Reporting Person's continued service on each such vesting date.

2. 25% of this option shall vest and become exercisable on January 1, 2025, with the remainder vesting in 36 substantially equal monthly installments thereafter, subject to the Reporting Person's continued service on each such vesting date.

Remarks:

/s/ Markus Warmuth, Attorney-01/04/2024

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.