FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / a a la i a a 4 a a | D C | 20540 |
|------------------------|------|-------|
| Vashington, | 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Skvarka Jan | | | | | 3. Da | 2. Issuer Name and Ticker or Trading Symbol Monte Rosa Therapeutics, Inc. [GLUE] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | (Ch | eck all appli X Directo Officer | cable) | Othe | Owner (specify |
|--|--------|------------|------------|---------------------------------------|----------------|--|--|--------|--|--------------------|---|---|---|--|---|---|
| (Last) | ` | , | (Middle) | | 06/1 | 06/14/2023 | | | | | | | below) | | belov | /) |
| MONTE ROSA THERAPEUTICS, INC. 321 HARRISON AVENUE, SUITE 900 | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | |
| (Street) | N M | A | 02210 | | | | | | | | | | Form f Persor | | than One Re | porting |
| (City) | (S | tate) | (Zip) | | l., | Chec | k this box | to inc |) Transadicate that a trace defense cond | nsaction was | made pursu | ant to a con | | on or written | plan that is inte | nded to |
| | | Tab | le I - Noi | n-Deriv | ative | Sec | curities | s Ac | quired, D | isposed | of, or Be | neficial | ly Owned | ł | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date | | | Code (Instr. 5) | | | | Benefici | es Formially (D) (I) (I) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | | | | / Amoun | t (A) or (D) Pri | | Transac (Instr. 3 | tion(s) | | (Instr. 4) | |
| | | Т | | | | | | | uired, Dis s, options, | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) Brice of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year) | | Date, | | ransaction of Code (Instr. Derivative | | ve es d | 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) | Owners Form: Direct (I or Indire (I) (Instr | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (Right to Buy) | \$6.59 | 06/14/2023 | | | A | | 20,500 | | (1) | 06/13/2033 | Common Stock | 20,500 | \$0.00 | 20,500 | D | |

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.