FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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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).

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

1. Name ai		f Reporting Person		2. Issuer Name and Ticker or Trading Symbol Sagimet Biosciences Inc. [SGMT]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
паррег	Daviu		Salar Sisserines mer (somi)							X	Director			10% Own	er				
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/18/2023							Officer (gi below)	ve title		Other (spe	ecify		
SAGIMET BIOSCIENCES INC.						.0/2023				President & CEO									
155 BOVET RD., SUITE 303						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					X Form filed by One Reporting Person Form filed by More than One Reporting Person											Person			
SAN MATEO CA 94402			ŀ																
-				Rule 10b5-1(c) Transaction Indication															
(City) (State) (Zip)						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.													
			Table I - Non	-Deriva	ative	e Securit	ies Acq	uired, D	isp	osed of,	or Ben	eficially O	wned						
Da					2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		d (A) or :. 3, 4 and 5)	5. Amount of Securities Beneficially Following Reported	Form:		Direct In ndirect Bo r. 4) O	. Nature of ndirect seneficial ownership nstr. 4)					
								Code	v	Amount (A) or (D)		Price	Transaction (Instr. 3 and			"	isu. 4)		
			Table II - I (sed of, c			ned						
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise (Month/Day/Year) Exec Frice of Derivative (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transac Code (I 8)		Derivative Acquired (Disposed	i. Number of Derivative Securities Acquired (A) or Disposed of (D) Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		e Securities Und		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following	s Illy	10. Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
	Security			Code	v	(A)	(D)	Date Exercisal	ole	Expiration Date	Title	Amount or Number of Shares		Reported Transacti (Instr. 4)	´	(I) (Instr. 4)			
Stock Option (Right to Buy)	\$7.15	07/18/2023		D ⁽¹⁾			1,011,826	(2)		10/16/2032	Common Stock	1,011,826	\$0	0		D			
Stock Option (Right to Buy)	\$7.15	07/18/2023		A ⁽¹⁾		1,011,826		(2)		10/16/2032	Series A Common Stock	1,011,826	\$0	1,011,8	326	D			

Explanation of Responses:

- 1. Pursuant to a reclassification exempt under Rule 16b-7 and Rule 16b-3, each share of Common Stock was reclassified into one share of Series A Common Stock.
- 2. 25% of the shares underlying this option shall vest and become exercisable on October 17, 2023, with the remainder vesting in thirty-six (36) equal monthly installments thereafter, subject to the Reporting Person's

/s/ Dennis Hom, Attorney-in-Fact 07/20/2023

** Signature of Reporting Person

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.