FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, 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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(c). Se	ee Instruction 1	0.																	
1. Name and Address of Reporting Person*  SATO VICKI L						2. Issuer Name <b>and</b> Ticker or Trading Symbol Denali Therapeutics Inc. [ DNLI ]									5. Relationship of Report (Check all applicable)  Director			rson(s) to Is	
(Last) (First) (Middle) C/O DENALI THERAPEUTICS INC. 161 OYSTER POINT BLVD.						3. Date of Earliest Transaction (Month/Day/Year) 09/03/2024									Office below	er (give title /)		Other (s	specify
(Street) SOUTH SAN FRANCISCO CA 94080  (City) (State) (Zip)					4. If <i>I</i>	Amend	ment,	Date o	of Origii	nal File	ed (Month/Da	y/Year)		. Indivine)	Form	filed by One	e Rep	ng (Check A porting Perso an One Repo	on
	`			on-Deriva	tive S	Secui	rities	Acc	uirec	d. Dis	sposed of	or B	enefic	iallv	Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date				2. Transacti	on 2A. Deemed Execution Dat			ate,	3. Transa Code ( 8)	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4		ed (A) or	or 5. Amo and 5) Securi Benefi		ount of 6. Ities For (Dicially (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)			(111511. 4)
Common Stock 09/03/20					024	24			<b>S</b> <sup>(1)</sup>		2,980	D	\$24.99(2)		116,276 <sup>(3)</sup>			D	
Common Stock 09/03/20					24						100	D	\$25.	25.37		16,176(3)		D	
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)	ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any			ution Date,	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Number of Shares						

## **Explanation of Responses:**

- 1. The sales reported by the Reporting Person were effected pursuant to a Rule 10b5-1 trading plan adopted March 21, 2024.
- 2. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares ranging from \$24.37 to \$25.32 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.
- 3. Includes 5,967 unvested RSUs.

## Remarks:

/s/ Tyler Nielsen, by power of attorney

09/04/2024

\*\* 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.