FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549		
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OIVIB APPROVAL									
OMB Number:	3235-0287								
Estimated averag	e burden								

0.5

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)

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

	ee Instruction 1																				
1. Name and Address of Reporting Person* Readnour Robin Shane				2. Issuer Name and Ticker or Trading Symbol AN2 Therapeutics, Inc. [ANTX] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										uer							
				1211	ANZ Therapeutics, Inc. [ANTA]								☑ Director 10% Owner					ner			
(Last) (First) (Middle) C/O AN2 THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/19/2024									Officer (give title Other (specify below) below)								
1800 EL CAMINO REAL, SUITE D					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) MENLO	(Street) MENLO PARK CA 94027													Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)																		
		Table	I - N	Non-Deriva	tive S	Secu	rities	Ac	quir	ed, Di	sposed of	f, or E	Benefici	ially Own	ed						
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y			ear) E	2A. Deemed Execution Date, if any (Month/Day/Year)		е,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v .	Amount	(A) or (D)	Price	Transaction (Instr. 3 and				(msu.	4)			
Common Stock 12/19/202			24				A		9,077(1)	A	\$ 0	9,07	7	D							
Common	Common Stock											582,2	88	I		See Footi	note ⁽²⁾⁽³⁾				
Common Stock										652,573				See Footnote ⁽²⁾⁽⁴⁾							
		Tal	ble I	I - Derivati (e.g., pu							oosed of, convertib				t						
Security or Exercise (Month/Day/Year) if any				4. Transa Code (8)				Expiration Date (Month/Day/Year)			7. Titl Amou Secur Under Derive Secur 3 and	nt of ities lying ative ity (Instr. 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exe	e ercisable	Expiration Date	Title	Amount or Number of Shares								

Explanation of Responses:

- 1. Represents shares issued in lieu of cash compensation under the issuer's non-employee director compensation policy. All shares vest immediately.
- 2. MGC Venture Partners 2018 GP, LLC ("MGC 2018 GP") is the general partner of MGC Venture Partners 2018, LP ("MGC 2018 LP") and MGC Venture Partners QP 2018 LP ("MGC 2018 QP"). MGC 2018 GP has shared voting and shared dispositive power over the shares held by MGC 2018 LP and MGC 2018 QP. The Reporting Person is a member of the Issuer's board of directors and is a member of MGC 2018 QP and MGC 2018 LP and a managing partner of MGC 2018 GP and has shared voting power and shared dispositive power over the shares of common stock held by MGC 2018 LP and MGC 2018 QP. The Reporting Person disclaims beneficial ownership of the securities, except to the extent of such person's pecuniary interest in such securities
- 3. Shares held directly by MGC 2018 LP.
- 4. Shares held directly by MGC 2018 QP.

/s/ Eric Easom, Attorney-in-

Fact for Robin Shane 12/23/2024

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** 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.