

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* MAYLEBEN TIMOTHY M (Last) (First) (Middle) C/O LANDOS BIOPHARMA, INC. PO BOX 11239 (Street) BLACKSBURG VA 24062 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol Landos Biopharma, Inc. [LABP]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 05/23/2024	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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				

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 (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)	\$3.3	05/23/2024		D			1,800	(I)	(I)	Common Stock	1,800	(I)	0	D	
Stock Option (right to buy)	\$7.9	05/23/2024		D			1,800	(I)	(I)	Common Stock	1,800	(I)	0	D	

Explanation of Responses:

1. Pursuant to the terms of the Agreement and Plan of Merger, dated 3/24/2024 ("Merger Agmt"), by and among the Issuer, AbbVie Inc. ("Guarantor"), Bepin Subsidiary, LLC, a wholly owned subsidiary of Guarantor ("Parent") and Bepin Merger Sub, Inc. a wholly owned subsidiary of Parent, immediately prior to the effective time of the merger ("Effective Time"), this option was canceled and converted into the right to receive (a) a cash amount equal to (1) the number of shares underlying this option at the Effective Time multiplied by (2) an amount equal to (A) \$20.42 less (B) the exercise price of this option, plus (b) one contractual contingent value right representing the right to receive a contingent payment of \$11.14 in cash upon the achievement of a specified milestone as set forth in the Contingent Value Rights Agreement (as defined in the Merger Agmt), for each share underlying this option at the Effective Time, without interest and subject to any applicable withholding taxes.

/s/ Eric W. Blanchard,
Attorney-in-Fact

05/23/2024

** 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.