| SEC Form 4 FORM 4 | |
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| FORM 4 | |

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UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | |
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| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMENT OF CHANGE |
|--|---------------------------------|
| obligations may continue. See Instruction 1(b). | Filed pursuant to Section 16(a) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | | | 01 360 | 001 30(11) | | e investmen | | прапу Асс | 01 1940 | | | | | | | |
|---|--|-------------|--|----------------------------------|---|------------|--------------|--|---|---|----------------------|--|--|--------------------------------------|--|--|----------|--|
| 1. Name and Address of Reporting Person [*] Cataldi Fabio | | | | | 2. Issuer Name and Ticker or Trading Symbol Landos Biopharma, Inc. [LABP] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) | ``` | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/05/2022 | | | | | | | | below) | (give title Chief Med | ical C | Other (sp below) Officer | pecify | |
| C/O LAN PO BOX | | PHARMA, INC | | - | 4. If Amendment, Date of Original Filed (Month/Dav/Year) | | | | | | 6 10 | dividual or l | oint/Group | Filing | (Check Appl | icable | | |
| (Street) BLACK | SBURG V | /A | 24062 | | 4. If Amendment, Date of Original Fried (Month/Day/rear) | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | Form fil Person | | e than | One Reporti | ng | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | Beneficia Owned F | es Form ally (D) o following (I) (Ir | | Direct In Indirect E str. 4) C | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Reported Transacti (Instr. 3 a | tion(s) | | | nstr. 4) | |
| | 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) | Derivative Conversion Date Execution Security or Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Dat if any (Month/Day/Ye | ate, Transaction Code (Instr. | | | | Expiration Date of Secur (Month/Day/Year) Underlyi Derivativ | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Cod | e V | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | 5(3) | | | |
| Employee Stock Option (right to buy) | \$ 0.89 | 09/05/2022 | | А | | 400,000 | | (1) | 0 | 9/04/2032 | Common Stock | 400,000 | \$0.00 | 400,00 | 00 | D | | |

Explanation of Responses:

1. 25% of the shares of common stock underlying this option will vest and become exercisable on September 5, 2023 and the remaining shares of common stock underlying this option will vest and become exercisable in 36 equal monthly installments thereafter, subject to the Reporting Person's continuous service with the Issuer on each such date.

Remarks:

/s/ Gregory Oakes, Attorney-in- 09/07/2022 Fact

** 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.