FORM 4

obligations may continue. See

Instruction 1(b).

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

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Cataldi Fabio				2. Issuer Name and Ticker or Trading Symbol Landos Biopharma, Inc. [ LABP ]								neck all appl Direct	cable) or	g Pers	10% Ow	ner		
(Last)	,	First) DPHARMA, INC.	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024								A below	r (give title ) Chief Med	lical (	Other (s below) Officer	pecify	
PO BOX 11239			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					1									X Form	filed by One	Repo	orting Persor	·
	SBURG V	VA.	24062											Form Perso		e than	One Report	ting
(City)	(	State)	(Zip)		R	ule '	10b5-	1(c)	Transa	cti	on Ind	ication						
		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In:																
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Trans Date (Month/				2A. Deemed Execution Day/Year) if any (Month/Day		Date,	e, Transaction Dispos Code (Instr. 5)		Disposed	rities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		Benefic Owned	es Formally (D) (Sollowing (I) (I		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	<b>/</b>	Amount	(A) o	r Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Yea	Date,	Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour 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)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Restricted Stock Unit	(1)	02/29/2024			A		21,138		(2)	02	2/28/2034	Common Stock	21,138	\$0.00	21,138	3	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit represents the right to receive one share of Landos Biopharma, Inc., Inc. common stock.
- 2. The Restricted Stock Unit ("RSU") shall vest as to 66 2/3% of the shares underlying the RSU on the second anniversary of the date of grant and shall vest as to 33 1/3% of the shares underlying the RSU on the third anniversary of the date of grant, subject to the Reporting Person's continuous service with the Issuer on each such date.

## Remarks:

/s/ Gregory Oakes, Attorney-in-

03/04/2024

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.