FORM 4

UNITED

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

STATES SEC	URITIES	AND E	XCHANGE	COMMISSIO

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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 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

monuc																	
Name and Address of Reporting Person* Henderson Jane				2. Issuer Name and Ticker or Trading Symbol Apogee Therapeutics, Inc. [APGE]							Relationship of Reporting Person(s) to Issuer (Check all applicable)						
											Directo			10% Ow			
											Officer below)	(give title		Other (s below)	pecify		
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							Chief Financial Officer					
C/O APO	OGEE THE	RAPEUTICS, II	NC.		12/09/2024							Chief Financial Officer					
221 CRE	SCENT ST	BLDG 17 ST	ΓΕ 102B														
221 CRESCENT ST., BLDG. 17, STE. 102B				4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable					
(Street)					1. If Allichamont, Date of Original Filed (Month Day) Teal)							Line)					
WALTH	ΔM M	ΙA	02453										Form fi	led by One	Repo	rting Person	
WALIII	ALIVI IV	IA.	02433												e than	One Report	ing
													Person				
(City)	(S	tate)	(Zip)														
		Та	ble I - Non-	-Deriva	tive S	ecuritie	s Ac	quired,	Dis	posed c	f, or Be	neficia	ly Owned				
1. Title of S	Security (Inst	tr. 3)		2. Transac				ed (A) or	or 5. Amount o				'. Nature of				
Date (Month/D			Date (Month/Da	Execution (Day/Year) if any		n Date,	Code (Instr.		d Of (D) (Instr. 3, 4 and 8		5) Securities Beneficially			ndirect Beneficial			
			,	,,	(Month/Day/Yea							Owned F Reported			Ownership (Instr. 4)		
							Code	v	Amount	(A) (D)	Price	Transacti	on(s)		Ι'	1115(1.4)	
							/	(D) 1 1100		(Instr. 3 and 4)							
			Table II - D)erivati	ve Sed	curities	Acq	uired, D	ispo	sed of	or Ben	eficially	Owned				
			(6	e.g., pu	ts, cal	ls, warr	ants	, optior	ıs, c	onverti	ble sec	urities)					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/Day/Year)		Cod	saction e (Instr.	Derivative		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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	, v	(A)	(D)	Date Exercisab		xpiration ate	Title	Amount or Number of Share		(Instr. 4)	.,		
Stock Option (Right to Buy)	\$49.07	12/09/2024		A		124,962		(1)	1	2/09/2034	Common Stock	124,96	\$0.00	124,96	52	D	

Explanation of Responses:

1. This option represents the right to purchase 124,962 shares of the Issuer's common stock, and will vest in forty-eight equal monthly installments over a four-year period from the date of grant, subject to the Reporting Person's continued service to the Issuer.

> /s/ Matthew Batters, as attorney-in-fact for Jane Pritchett Henderson

12/11/2024

Date

** Signature of Reporting Person

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.