

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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# STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *      |   |                   |   | 2. ]                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol |  |           |   |                    |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |                                      |   |   |  |
|--|---|-------------------|---|-----------------------------------|--|--|-----------|---|--------------------|--|---|--------------------------------------|---|---|--|
| Eichenfield Lawrence                           |   |                   |   | Fo                                | Forte Biosciences, Inc. [ FBRX ]                   |  |           |   |                    |  |   |                                      |   |   |  |
| (Las   | t) (Fire  | First) (Middle)   |   |                                   | 3. Date of Earliest Transaction (MM/DD/YYYY)       |  |           |   |                    | X_ Director Officer (give  | e title below   |                                      | 6 Owner<br>er (specify b  | pelow)  |  |
| C/O FORTE BIOSCIENCES,                         |   |                   |   |                                   | 6/15/2020  |  |           |   |                    |  |   |                                      |   |   |  |
| INC., 1124 \\ BLDG. 3-32                       |   | SON STE           | REET, N                                 | MRL                               |  |  |           |   |                    |  |   |                                      |   |   |  |
| DED G. C C2                                    |   | reet)             |   | 4. ]                              | If Aı  | nendmer  | t, Date ( | Original                                | Filed (MM/         | DD/YYYY)   | 6. Individual o   | or Joint/G                           | roup Filing   | (Check Appl                                     | icable Line)   |
| TORRANCE, CA 90502                             |   |                   |   |                                   |  |  |           |   |                    | X _ Form filed by One Reporting Person Form filed by More than One Reporting Person        |   |                                      |   |   |  |
| (  | City) (S  | tate) (Zij        | p)                                      |                                   |  |  |           |   |                    |  |   |                                      | one reporting r   |   |  |
|  |   |                   | Table I -                               | Non-Der                           | rivat  | ive Secu   | rities Ac | equired,                                | , Disposed         | of, or Ben   | eficially Own   | ed                                   |   |   |  |
| 1. Title of Security (Instr. 3)  2. Trans. I   |   |                   | Trans. Date                             | Execution Date, if any (Instr. 8) |  |  | or        | Disposed of (lastr. 3, 4 and 5          | D) Fo (In          | bllowing Reported Transaction(s)  Ownership Form: Direct (D) or Indirect                   |   |                                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |   |                   |   |                                   |  |  | V A       | mount (A) (D)                           |                    | (I) (Instr.<br>4)  |   |                                      |   |   |  |
|  | Ta  | ble II - Dei      | ivative So                              | ecurities                         | Ben  | eficially  | Owned     | ( <i>e.g.</i> , pu                      | ıts, calls, w      | arrants, o   | options, conve  | tible secu                           | ırities)  |   |  |
| 1. Title of Derivate<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Trans.<br>Date | 3A. Deemed<br>Execution<br>Date, if any |                                   |  | 5. Number of<br>Derivative Securities<br>Acquired (A) or<br>Disposed of (D)<br>(Instr. 3, 4 and 5) |           | 6. Date Exercisable and Expiration Date |                    | 7. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | Derivative<br>Security<br>(Instr. 5) | derivative<br>Securities<br>Beneficially<br>Owned                 | Ownership<br>Form of<br>Derivative<br>Security: | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |                   |   |                                   |  | (A)  | (D)       | Date<br>Exercisab                       | Expiration<br>Date | Title  | Amount or<br>Number of<br>Shares  |                                      | Following<br>Reported<br>Transaction(s)<br>(Instr. 4)             | Direct (D)<br>or Indirect<br>(I) (Instr.<br>4)  |  |
| Stock Option<br>(right to buy)                 | \$18.90   | 6/15/2020         |   | A                                 |  | 30000  |           | (1)                                     | 6/15/2030          | Common<br>Stock  | 30000   | \$0.00                               | 30000   | D   |  |

## **Explanation of Responses:**

(1) Subject to the Reporting Person continuing to be a Service Provider (as defined in the 2017 Equity Incentive Plan) through each applicable vesting date, the shares subject to the option shall vest in equal monthly installments over a three year period such that the option is fully vested on the third anniversary of the Date of Grant. "Date of Grant" shall mean June 15, 2020.

#### **Reporting Owners**

| _ 1                                    |                            |  |       |  |  |  |
|--|----------------------------|--|-------|--|--|--|
| Reporting Owner Name / Address         | Relationships              |  |       |  |  |  |
| Reporting Owner Name / Address         | Director 10% Owner Officer |  | Other |  |  |  |
| Eichenfield Lawrence                   |                            |  |       |  |  |  |
| C/O FORTE BIOSCIENCES, INC.            | X                          |  |       |  |  |  |
| 1124 W. CARSON STREET, MRL BLDG. 3-320 | Λ                          |  |       |  |  |  |
| TORRANCE, CA 90502                     |                            |  |       |  |  |  |

### **Signatures**

| /s/ Paul A. Wagner, Ph.D., as Attorney-in-Fact | 6/17/2020 |  |  |
|--|-----------|--|--|
| **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 control number.