FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* <u>Akinsanya Karen</u>					N	2. Issuer Name and Ticker or Trading Symbol Nautilus Biotechnology, Inc. [ NAUT ]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)   Director 10% Owner			
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024							Officer below)	(give title	Other (s below)	specify
C/O NAUTILUS BIOTECHNOLOGY, INC. 2701 EASTLAKE AVENUE EAST				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person				
(Street) SEATTL	E W	A	98102		R	ule 1	10h5-	1(c)	Transac	rtion Ind	ication		Form fi Person		han One Repo	ting
(City) (State) (Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Non	-Deriv	vativ	e Sec	curities	s Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,		Date,	e, Transaction Disposed C Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and (A) or (D) Price			s Feally (Dollowing (I)	orm: Direct )) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V			Amount	Reported Transact (Instr. 3 a	ion(s)							
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)	ate,	4. Transaction Code (Instr. 8)				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)	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)	\$2.56	06/14/2024			Α		45,000		(1)	06/14/2034	Common Stock	45,000	\$0	45,000	D	

## **Explanation of Responses:**

1. Subject to reporting person's continuous status as a "Service Provider" (as defined in the Issuer's 2021 Equity Incentive Plan) through each applicable vesting date, one-twelfth (1/12th) of the shares subject to the Option shall vest on a monthly basis following the date of grant on the same day of the month as such grant date (or on the last day of the month, if there is no corresponding day in such month).

## Remarks:

/s/ Mathew B. Murphy, as Attorney-in-Fact

06/17/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.