SEC Form 4

(Street)

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					

to Sec obligat	this box if no le tion 16. Form 4 tions may conti tion 1(b).	or Form 5	ST		l pursu	ant to	Section	on 16(a	a) of the	Secu	rities Exchang	je Act o	of 1934	ER	SHIP	Est		ber: average b response:		0.5		
1. Name and Address of Reporting Person* 2. Issue PERCEPTIVE ADVISORS LLC ARY					Issuer Name and Ticker or Trading Symbol ISSUER Name and Ticker or Trading Symbol INTERPORT INTERPORT IN TRANSPORTED FOR THE INFORMATION OF								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify					er				
					Date of Earliest Transaction (Month/Day/Year) 5/20/2021									below			belo					
(Street) NEW YORK NY 10003						. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting							
(City) (State) (Zip)														A Person								
	• •• <i>#</i>		I - N						quire	d, Di	sposed of	-			1		6.00					
1. Litle of	1. Title of Security (Instr. 3) 2. Trans. Date (Month/I				/Year) if an				Transaction Code (Instr. 8)			Acquired (A) of (D) (Instr. 3, 4		and Securitie Benefici Owned I Reporte		es ally Following d	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)		Indir Ben	eficial ership		
Class A (Ordinary Sh	ares		05/20/20)21				Code	v	Amount 159,925	(A) or (D)		Price Transaction(s) (Instr. 3 and 4) \$10.05 159,925				I See				
			hle II			00111	ritios	Aca		Die	posed of,							-	Foc	tnote ⁽¹⁾		
		1a.		e.g., pu	its, c	alls,	, war	rants	s, opti	ons,	convertib	le se	curiti	es)								
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year) Transaction Code (Instr. of Derivative 8) Expiration Date Derivative Securities Acquired Amount (Month/Day/Year) Amount Securities				rlying ative rity (Insi		8. Price of 9. Numt Derivative Security Security (Instr. 5) Benefic Owned Followin Reporte Transac (Instr. 4)		ive Owners ies Form: Sially Direct (or Indir ed ction(s)		D) Beneficial Ownership ect (Instr. 4)									
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amou or Numb of Share	er								
	1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC																					
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR																						
(Street) NEW Y	ORK	NY	1	0003																		
(City)		(State)	(Z	Zip)																		
	EPTIVE I	Reporting Person*		MASTEI	<u>R</u>																	
(Last) 51 AST		(First) , 10TH FLOOR	()	Middle)																		
(Street) NEW Y	ORK	NY	1	0003																		
(City)		(State)	-	Zip)																		
	nd Address of MAN JOS	Reporting Person [*]																				
(Last) 51 AST	OR PLACE	(First) , 10TH FLOOR	()	Middle)																		

NEW YORK	NY	10003
(City)	(State)	(Zip)

Explanation of Responses:

1. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

/s/ Joseph Edelman - for Perceptive Life Sciences Master Fund Ltd., By: Perceptive Advisors LLC, its 05/24/2021 investment manager, By: Joseph Edelman, its managing member /s/ Joseph Edelman - for Perceptive Advisors LLC, By: 05/24/2021 Joseph Edelman, its managing member /s/ Joseph Edelman 05/24/2021

** 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.