SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 [*] <u>PERCEPTIVE ADVISORS</u> <u>LLC</u>			2. Date of Event Requiring Statement (Month/Day/Year) 05/20/2021		3. Issuer Name and Ticker or Trading Symbol <u>ARYA Sciences Acquisition Corp III</u> [ARYA]					
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				 5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing 				
(Street) NEW YORK	Y	10003	-		Officer (give Other (specify title below) below)			(Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person		
(City) (S	State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				1	A mount of Securities Beneficially Owned (Instr.) (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)		Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative or Indir		or Indirect (I) (Instr. 5)	5)
1. Name and Add <u>PERCEPTI</u>		porting Person [*] VISORS LL	<u>.C</u>							
(Last) 51 ASTOR PL	t) (First) (Middle) ASTOR PLACE, 10TH FLOOR									
(Street) NEW YORK	I		-							
(City)	(State)	(Zip	(Zip)							
1. Name and Address of Reporting Person [*] <u>PERCEPTIVE LIFE SCIENCES</u> <u>MASTER FUND LTD</u>										
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR										
(Street) NEW YORK			003	_						
(City) (State) (Zip)))								

Explanation of Responses:

No securities are beneficially owned.

Perceptive Advisors LLC,
By: Joseph Edelman, its
managing member/s/ Joseph Edelman - for
Perceptive Life SciencesMaster Fund Ltd, By:
Perceptive Advisors LLC,
its investment manager,
By: Joseph Edelman, its
managing member** Signature of Reporting
Person** 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 5 (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.