FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

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*						2. Issuer Name and Ticker or Trading Symbol Gossamer Bio, Inc. [GOSS] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)													
Peterson Caryn						Gossainer Dio, Inc. [Goss]									Director			10% Ov	
		3.0	Date of Earliest Transaction (Month/Day/Year)									Officer below)	cer (give title w)		Other (specify below)				
(Last) (First) (Middle)							04/16/2021								EV	EVP, Regulatory Affairs			
3013 SC	IENCE PA																		
(Stroot)	4. If Amendment, Date of Original Filed (Month/Day/Year)												6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN DII	EGO C	Α	92121											X Form filed by One Reporting Person					
			J2121													-		One Repo	
(City)	(S	tate)	(Zip)											Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of	Security (Ins	tr. 3)		2. Trans	action									5. Amou				7. Nature of Indirect	
Date (Month/D									Code (Instr. 5)		ı Or (D) (in	Of (D) (Instr. 3, 4 and			Securities Beneficially Owned Following		r Indirect	Beneficial	
							(Month/Day/Year)			8)					Reported	d ('''			Ownership (Instr. 4)
									Code	١v	Amount	(A) or P		ice		ansaction(s) nstr. 3 and 4)			
Common Stock 04/16/						/2021		A		10,820	O ⁽¹⁾ A		\$ <mark>0</mark>	74,828		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
				(e.g., p	outs,	call	s, warr	ants	, option	ıs, c	onverti	ble sec	uritie	s) ¯					
1. Title of	2.	3. Transaction	3A. Deemed		4. Transaction Code (Instr.		tion of I		6. Date Ex									10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution I						Expiration Date of Securities (Month/Day/Year) Underlying					Derivative Security		derivative Securities		Ownership Form:	of Indirect Beneficial
(Instr. 3)	Price of Derivative	,	(Month/Day		8)		Securiti Acquire		Derivative Secu (Instr. 3 and 4)					ırity (Instr. 5)		Beneficially Owned			Ownership (Instr. 4)
	Security						(A) or Dispose	- 1								Following Reported	(I) (Instr. 4)	(111341.4)	
							of (D) (I	nstr.								Transaction(s)			
		F	—		3, 4 and 5)						Т.	_		(Instr. 4)					
													Amo or						
									Date		Expiration		Num	ber					
				(Code	٧	(A)	(D)	Exercisab		Date	Title	Shar	es					
Stock Option												Common							
(Right to Buy)	\$8.49	04/16/2021			A		31,750		(2)		04/16/2031	Common Stock	31,7	750	\$0	31,750	0	D	

Explanation of Responses:

- 1. Represents a restricted stock unit award, which will vest in three equal annual installments in accordance with the terms of the award and subject to the Reporting Person's continuous service to the Issuer on each vesting date.
- 2. 25% of the total number of shares subject to the option will vest on April 16, 2022 and 1/48th of the total number of shares subject to the option vest on the last day of each one-month period thereafter, subject to the Reporting Person's continuous service to the Issuer on each such vesting date.

Remarks:

/s/ Jeff Boerneke, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person Date

04/20/2021

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.