FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, I	D.C. 20549
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Check this box if no longer subject	
o Section 16. Form 4 or Form 5	
obligations may continue. See	
noterration 4/h)	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Christian Waage						2. Issuer Name and Ticker or Trading Symbol Gossamer Bio, Inc. [ GOSS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 3013 SCIENCE PARK ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/27/2024								X Officer (give title Other (specify below)  EVP, Tech Ops and Admin							
(Street) SAN DIEGO CA 92121					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(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.																		
		Table	I - N	lon-Deriva	ative	Secu	rities	Ac	quire	ed, Di	sposed o	f, or E	Benefici	ally	Own	ed				
Date			2. Transaction Date (Month/Day/	Exec Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/27/20				03/27/20	24	24			S		6,430(1)	D	\$1.155	585,934		35,934		D		
Common Stock															4.	5,892		I	By family trust	
Common	Stock													1 77 777 1 1 2					By trust FBO son	
		Tal	ble I	I - Derivat (e.g., pı							posed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)  2. Conversion Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year)				Transaction Code (Instr. 8) Of Code (Instr. 8) Occ Acq (A) Disp of (I		rivative curities quired or sposed (D) str. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)			e and int of rities rlying ative rity (Instr. 4)	Deri Seci	erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date	e rcisable	Expiration Date	Title	Amount or Number of Shares								

## **Explanation of Responses:**

- 1. Represents a broker-assisted sale to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of restricted stock units.
- 2. This transaction was executed in multiple trades at prices ranging from \$1.1551 to \$1.1626 per share. The price reported above reflects the weighted average sale price for the entire number of shares sold. Information on the exact number of shares sold at each sale price can be obtained from the Issuer upon request.

## Remarks:

/s/ Jeff Boerneke, Attorney-in-**Fact** 

\*\* Signature of Reporting Person

03/28/2024

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.