FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

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

Name and Address of Reporting Person     SEIDENBERG BETH C					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ACELYRIN, Inc. [ SLRN ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner					
(Last)	•	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/04/2023								Officer below)	(give title		Other (s	specify	
C/O ACELYRIN, INC. 4149 LIBERTY CANYON RD.				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) AGOUR HILLS	A C	A	91301		B	ulo	10h5	1/0	\ Transa	otic	n Ind	ligation		Form fi Person		e than	One Repo	ting	
(City)	(S	tate)	(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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								lan tha	t is intended	to satisfy			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date		Code (In	Transaction Dispose Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and		5. Amoun Securities Beneficia Owned Fo	s lly ollowing	Form y (D) or		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	<u> </u>	Amount	mount (A) or (D)		Transacti	Transaction(s) (Instr. 3 and 4)			(111541. 4)				
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)	Derivative Conversion Date Execution Date, Treecurity or Exercise (Month/Day/Year) if any			ransac	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
				c	Code V		(A)	(D)	Date Exercisable	Exp Dat	oiration e	Title	Amount or Number of Shares						
Director Stock Option (right to buy)	\$18	05/04/2023			A		23,243		(1)	05/0	03/2033	Class A Common <sup>(2)</sup>	23,243	\$0.00	23,24	3	D		

## Explanation of Responses:

- 1. 1/36 of the shares subject to the option vest on June 4, 2023, and 1/36 of the shares subject to the option vest in equal monthly installments thereafter, subject to the Reporting Person's continued service.
- 2. Each share of Class A Common Stock shall be reclassified into one share of Common Stock immediately prior to the completion of the Issuer's initial public offering of Common Stock.

## Remarks:

/s/ Mina Kim, Attorney-in-fact 05/04/2023

\*\* 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.