## FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

WILL AIL	LACITATION	
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Rajagopalan Harith						2. Issuer Name and Ticker or Trading Symbol FRACTYL HEALTH, INC. [ GUTS ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner					
(Last) 3 VAN E SUITE 2	DE GRAAI	First) FF DRIVE	(Middle)		1	3. Date of Earliest Transaction (Month/Day/Year) 11/10/2024								Officer (give title Other (spe below)  Chief Executive Officer					
(Street) BURLIN	IGTON 1	MA	01803		_   4. _	4. If Amendment, Date				of Original Filed (Month/Day/Year)				6. Individual or Joint/Group Line)  Form filed by One Form filed by Mon Person				rting Perso	on .
(City)	(	State)	(Zip)												0.00				
		Ta	able I - N	on-Dei	rivati	ve Se	ecur	ities Ac	quire	d, Di	isposed o	of, or Be	neficia	lly Ow	ned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Beneficially Owned Following		,	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Trans	orted saction r. 3 and			(1	nstr. 4)
Common	Stock			11/10	0/2024	4			M		216,924	. A	\$0 <sup>(1)</sup>		587,8	46	П	)	
Common	Stock			11/11	1/2024	1			<b>S</b> <sup>(2)</sup>		96,517	D	\$2.469	96 4	6 491,329 D		)		
Common	Stock														292,1	71	]	I I	By 2021 rrevocable rust
Common	Stock													292,170 I		I I	By 2016 Irrevocable Trust		
Common	ommon Stock													18,639		]	I F	By 2021 amily rust	
			Table II								posed of converti	•		y Own	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Conversion or Exercise (Month/Day/Year)   Execution Date, frans or Exercise (Month/Day/Year)   Execution Date, frans (Code (Month/Day/Year)   8)		Transa Code (	nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4)		Derivative Security		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Share		(Instr. 4				
Restricted Stock	(1)	11/10/2024			M			216,924	(1)		(1)	Common Stock	216,92	24 s	60	(	0	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock. The restricted stock units vested in full on November 10, 2024 and have no expiration date.
- 2. Represents shares sold for tax-withholding purposes due upon the vesting of the restricted stock units.

/s/ Lisa A. Davidson, Attorneyin-fact

11/13/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.