FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours nor reenence:	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* <u>AMERICAN HOME ASSURANCE CO</u>				2. Issuer Name and Ticker or Trading Symbol Fractyl Health, Inc. [GUTS]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last)	(F	irst)	(Middle)	[3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024								Officer (below)	give title		Other (s below)	pecify	
1271 AVENUE OF THE AMERICAS				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) NEW YO	(Street) NEW YORK NY 10020-1304										X	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.																
		Та	ble I - Non	-Deriva	tive S	ecur	ities Ac	quired,	Dis	posed o	of, or Be	enefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		red (A) str. 3, 4	or l and 5)	Beneficia	urities eficially ed Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or Pi	rice	Transacti (Instr. 3 a	ion(s)			Instr. 4)
Common Stock 02/06.				6/2024		С		283,8	78 A		(1)	283,878		D ⁽²⁾				
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, T Security or Exercise (Month/Day/Year) if any			Cod	ansaction Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an of Securit Underlyin Derivative (Instr. 3 a	ties ig e Secur		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Cod	le V	(A)	(D)	Date Exercisab		expiration Pate	Title	Amor or Numl of Sh	ber		(Instr. 4)			
Series E Preferred Shares	(1)	02/06/2024		С			494,173	(1)		(1)	Common Stock	230,	,276	\$0	0		D ⁽²⁾	
Series F Preferred Shares	(1)	02/06/2024		С			115,030	(1)		(1)	Common Stock	53,	602	\$0	0		D ⁽²⁾	

Explanation of Responses:

- 1. The Series E Convertible Preferred Stock and Series F Convertible Preferred Stock (together, the "Preferred Shares") automatically converted into shares of the Issuer's common stock, for no additional consideration, immediately prior to the closing of the Issuer's initial public offering of common stock, at a conversion ratio of 1 share of Common Stock for 2.146 Preferred Shares. The Preferred Shares had no
- 2. American Home Assurance Company is a wholly owned, indirect subsidiary of American International Group, Inc.

02/08/2024 /s/ Tanya Kent, Secretary

** Signature of Reporting Person 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.