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 por rosponso:	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>Corebridge DECO II, LLC</u>					2. Issuer Name and Ticker or Trading Symbol Fractyl Health, Inc. [ GUTS ]							lationship of ck all applica Director	ible)	orting Perso	, ,		
(Last)	,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024						Officer ( below)	(give title		Other (s below)	pecify		
28 LIBERTY STREET, 47TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ODIZ N	37	10005									X		,	•	ting Person One Report	ina
NEW YO	ORK N	Y	10005	L									Person	ou by Work	ulan	One report	ng
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indicate								cation									
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plant the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									an that i	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					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		d (A) or r. 3, 4 and 5)	5. Amount Securities Beneficial Owned For Reported	ly	Form:	Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	Transaction (Instr. 3 ar				Instr. 4)
Common Stock 02/06/				02/06/2	2024			С		673,39	1 A	(1)	(1) 673,391		I	D <sup>(2)</sup>	
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)	ative Conversion Date Execution Date, if any		Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 derivative Securities Beneficia Owned Following Reported Transacti	s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	ion(a)		
Series E Preferred Shares	(1)	02/06/2024		С			1,172,236	(1)		(1)	Common Stock	546,242	\$0	0		D <sup>(2)</sup>	
Series F Preferred Shares	(1)	02/06/2024		С			272,863	(1)		(1)	Common Stock	127,149	\$0	0		D <sup>(2)</sup>	

## **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. Corebridge DECO II, LLC is an indirect subsidiary of American International Group, Inc.

/s/ Atif Mahmood, Chief Financial Officer, SAFG Capital LLC as Managing Member of 02/08/2024 Corebridge Investments Fund Holdings, LLC as Manager of

\*\* Signature of Reporting Person Date

Corebridge DECO II, LLC

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.