FORM 4

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

Machinaton	D C	20540	
Vashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL C	WNERSHIP

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*     MEANWELL CLIVE					2. Issuer Name and Ticker or Trading Symbol Fractyl Health, Inc. [ GUTS ]									lationship of ck all applica Director	able)	ng Pers	on(s) to Iss				
(Last)	`	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024										Officer ( below)	give title		Other (sbelow)	specify	
17 HARTWELL AVENUE					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	TON M	ſA	02421												X	Form fil	,		orting Perso One Repo		
					-    -   R	Rule 10b5-1(c) Transaction Indication									Person						
(City)	(8	State)	(Zip)			_								nt to a cor	ntract	t. instruction	or written i	olan that	t is intended	to satisfy	
	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 - No	n-Der	ivativ	ve Se	cur	ities Ac	quir	red, D	isp	osed o	of, or Be	neficia	illy	Owned					
1. Title of Security (Instr. 3)  2. Trans Date (Month)				Execution D Day/Year) if any		Execution Date, if any		Transaction Disposed Code (Instr.		ies Acquire Of (D) (Ins		and 5) Securities Beneficial Owned Fo		у	Form:	Direct I Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code V		Amount	(A) or (D)	Price		Reported Transactio (Instr. 3 an				instr. 4)		
Common Stock 02/06				06/202	5/2024		(	С		277,890 A		(1)	)	277,890				See footnote <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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,		ansaction de (Instr.		Derivative		ate Exercitation D nth/Day/	ate		7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	rcisable		xpiration ate	Title	Amount or Number of Share	.		(Instr. 4)				
Series F Preferred Stock	(1)	02/06/2024			С			596,352		(1)		(1)	Common Stock	277,89	90	(1)	0		I	See footnote <sup>(2)</sup>	

## **Explanation of Responses:**

- 1. In connection with the closing of the Issuer's initial public offering, each share of preferred stock automatically converted into common stock in accordance with the terms of such preferred stock.
- 2. Represents securities held by Population Health Capital Partners II, L.P. ("PHPII"). The Reporting Person is the Founder of Population Health Partners GP, LLC, the general partner of PHPII, and, as a result, may be deemed to share voting and investment power with respect to the shares held by PHPII. Dr. Meanwell disclaims beneficial ownership of such shares except to the extent of his pecuniary interest therein.

02/08/2024 in-fact

\*\* 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.