SEC Form 4

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden

0.5

hours per response:

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or	Sec	uon 30(n)	or the	e Investment	Con	ipany Act	01 1940							
1. Name and Address of Reporting Person* PERLROTH VICTOR						2. Issuer Name and Ticker or Trading Symbol Kodiak Sciences Inc. [KOD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
PERLI		<u>CIUK</u>									-			X Directo	r	Х	10% Ov	/ner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								X Officer below)	(give title		Other (s below)	pecify	
1200 PAGE MILL ROAD					06/	06/24/2023								Chairman and CEO					
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)													Lin	<i>,</i>		Dama	antina Danaa	_	
PALO A	LTO C	CA	94304													•	orting Person n One Repor		
				-									Persor		e tria		ung		
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
					10	Che satis	ck this box sfy the affiri	to inc mative	licate that a tra e defense con	ansac	tion was r s of Rule 1	nade pursi L0b5-1(c).	ant to a cont See Instructio	ract, instructio n 10.	n or written	plan th	at is intended	to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date		e, Transaction Dispos Code (Instr. 5)		Dispose	ırities Acquired (A) or ed Of (D) (Instr. 3, 4 ar		Benefici Owned F	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	t (A) (D)	or Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
									s, options			,							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution I if any (Month/Day	Date,	Code (Inst				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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares		(Instr. 4)	011(5)			
Stock Option (Right to Buy)	\$7.24	06/24/2023			A		335,000		(1)	06	/23/2033	Common Stock	335,000	\$0.00	335,00	00	D		

Explanation of Responses:

1. One-forty-eighth (1/48th) of the shares vest one month after July 1, 2023 (the "Vesting Commencement Date"); the balance of the shares vest in a series of forty-seven (47) successive equal monthly installments measured from the first month anniversary of the Vesting Commencement Date, subject to the Reporting Person's status as a Service Provider (as defined in the 2018 Equity Incentive Plan) on each vesting date.

Remarks:

<u>/s/ David Peinsipp, Attorney-in-</u> Fact for Victor Perlroth <u>06/27/2023</u>

** 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.