FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.O. 20040	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
haa aaa aaaaa	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

Name and Address of Reporting Person* Kirk Allan				2. Issuer Name and Ticker or Trading Symbol Eledon Pharmaceuticals, Inc. [ELDN]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				Ι									Director	Director		10% Owner		
(Last) (First) (Middle) C/O ELEDON PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025									Officer below)	(give title		Other (s below)	pecify	
19800 MACARTHUR BLVD STE. 250				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)	•											Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transa Date (Month/D	Execution Date,		3. Transaction Code (Instr.) 8) 4. Securities Acquired (ADisposed Of (D) (Instr. 3 5)			Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
					Code V	Amo	ount	(A) or (D) Price		Reported Transact (Instr. 3 a	tion(s)			(Instr. 4)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Exe Security or Exercise (Month/Day/Year) if all		3A. Deemed Execution D if any (Month/Day/	Date, Transaction Code (Instr.					6. Date Exercisable a Expiration Date (Month/Day/Year)		and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership t (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$4.04	01/10/2025			A		30,870		(1)	01/10/2	2035	Common Stock	30,870	\$0	30,87	0	D	
Restricted Stock Units	(2)	01/10/2025			A		3,430		(3)	(3)		Common Stock	3,430	\$0	3,430)	D	

Explanation of Responses:

- $1. This option \ represents \ a \ right \ to \ purchase \ up \ to \ 30,870 \ shares \ of \ common \ stock, \ which \ option \ vests \ with \ respect \ to \ 100\% \ of \ the \ total \ number \ of \ shares \ on \ January \ 10,2026.$
- 2. Each restricted stock unit represents a contingent right to receive 1 share of the Issuer's common stock upon settlement for no consideration.
- 3. 100% of the total restricted stock units will vest on January 10, 2026.

/s/ Paul Little, as attorney-infact for Allan Kirk, MD, PhD

01/13/2025

** 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.