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											
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).

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruct	tion 10.																
Name and Address of Reporting Person* Lee June				2. Issuer Name and Ticker or Trading Symbol Eledon Pharmaceuticals, Inc. [ELDN]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Lee suite</u>													Director	or	10% Owner		/ner
(Last)	` , , , , , , , , , , , , , , , , , , ,				3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025							Officer (give title Other below) below				pecify	
C/O ELEDON PHARMACEUTICALS, INC.																	
19800 MACARTHUR BLVD STE. 250				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												Form filed by One Reporting Person					
IRVINE	C	A	92612										Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L			ate	Execution Date,		Code					Beneficia Owned F	es Form ally (D) of following (I) (II		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(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)																	
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Trar		de (Inst	nsaction de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)				ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
				Co	ode V	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$4.04	01/10/2025		1	A	30,870		(1)		01/10/2035	Common Stock	30,870	\$0	30,870		D	
Restricted Stock Units	(2)	01/10/2025		1	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 June Lee

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.