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 bur	den								
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

1. Name and Address of Reporting Person*  ALTSCHULLER Susan					Mı	2. Issuer Name and Ticker or Trading Symbol     Mural Oncology plc [ MURA ]      3. Date of Earliest Transaction (Month/Day/Year)							(Ch	5. Relationship of Reporting Person(s) to Is (Check all applicable)    Director 10% CO Officer (give title Other)				/ner
(Last)	(Fi	rst)	(Middle)			05/30/2024									below)		below)	pecity
C/O MURAL ONCOLOGY PLC 10 EARLSFORT TERRACE					4. If Amendment, Date of Original Filed (Month/Day/Year) 06/03/2024							Line	Individual or Joint/Group Filing (Check Applicable le)  Form filed by One Reporting Person					
(Street) DUBLIN 2 L2		D02 T380		R <sub>I</sub>	Form filed by More than One Reporting Person  Pulo 10h5 1(c) Transaction Indication											ting		
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication  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.													
		Tab	le I - Nor	n-Deriv	ative	Sec	curities	s Ac	quired, D	ispos	sed o	f, or Be	neficial	ly Owne	t			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date		Date	e, Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		Benefici	es For ially (D) Following (I) (		rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	Am	nount	nt (A) or (D)		Transac	Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
		Т							uired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expira Date	ation	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$3.35	05/30/2024			A		8,462		(1)	05/29/	/2034	Ordinary Shares	8,462	\$0.00 <sup>(2)</sup>	8,462		D	

## Explanation of Responses:

- 1. This option was granted on May 30, 2024. This option will vest in full upon the earlier of (i) the first anniversary of the date of the grant or (ii) the date of the next Annual Meeting, subject to the reporting person's continued service with the Issuer.
- 2. This amendment to Form 4 is being filed solely to correct the price of the derivative security, which was previously reported as being \$3.35 due to a scrivener's error.

/s/ Maiken Keson-Brookes,

06/05/2024 attorney-in-fact for Susan

Altschuller

\*\* Signature of Reporting Person Date

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.