☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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 *				2. 1	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Wagner Paul A.				Fo	Forte Biosciences, Inc. [ FBRX ]							X Director 10% Owner					
(Last) (First) (Middle)				3. I	3. Date of Earliest Transaction (MM/DD/YYYY)							X Officer (give title below) Other (specify below)					
C/O FORTE PEGASUS P				3060			<b>7</b> /1	1/20	25				SEE REMAF	RKS			
·				4. 1	4. If Amendment, Date Original Filed (MM/DD/YYYY)						7) (	6. Individual or Joint/Group Filing (Check Applicable Line)					
DALLAS, TX 75247 (City) (State) (Zip)												X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(0	lity) (Sta	/ (1		Non-Der	ivat	ive Sec	urities Ac	quir	ed, Di	sposed	of, or B	ene	ficially Owne	d			
1. Title of Security (Instr. 3)			2. Tı	rans. Date	2A. Deemed Execution Date, if any		3. Trans. Code (Instr. 8)  4. Securities A or Disposed o (Instr. 3, 4 and			posed of (l	D) ` ´	5. Amount of Securit Following Reported (Instr. 3 and 4)		ties Beneficially Owned Transaction(s)		Ownership of Indirect Form: Beneficia Direct (D) Ownershi	Beneficial Ownership
							Code	V	Amou	(A) or	Price					or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock 7/1/2				/1/2025			M		1,25	0 A	\$0 <sup>(1)</sup>	)			81,038	D	
Common Stock 7/1/202				/1/2025			F		9	8 D	\$12.44				80,940	D	
	Tab	le II - Der	ivative Sec	curities	Bene	eficially	Owned (	e.g.,	puts,	calls, w	arrants	, op	tions, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	version xercise e of vative	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)								7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Scurry	Mity		Code	V	(A)	(D)	Date Exer	cisable	Expiratior Date	Title		Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	_
Restricted Stock Units	(1)	7/1/2025		M			1,250		(2)	(2)	Comm Stock		1,250	\$0	7,500	D	

### **Explanation of Responses:**

- (1) Each restricted stock unit ("RSU") represents a contingent right to receive one share of Forte Biosciences, Inc. (the "Issuer") Common Stock.
- (2) Subject to the Reporting Person continuing to be a Service Provider (as defined in the 2021 Equity Incentive Plan) through each applicable vesting date, onesixteenth (1/16th) of the RSUs subject to the award shall vest on each Quarterly Vesting Date (as defined below) on or immediately following February 1, 2023. For purposes of this RSU Award, "Quarterly Vesting Date" with respect to any calendar year means January 1, April 1, July 1, and October 1.

CEO, Secretary and Chair of the Board

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Wagner Paul A. C/O FORTE BIOSCIENCES, INC.	**		CEE DEMA DIZO				
3060 PEGASUS PARK DR., BLDG 6	X		SEE REMARKS				

DALLAS, TX 75247		

### **Signatures**

/s/ Paul A. Wagner, Ph.D. 7/3/2025

\*\*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 control number.