### FORM 4

☐ 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
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# 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 *													5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Riley Antony A				Fo	Forte Biosciences, Inc. [ FBRX ]								,				
· ·				3. Г	3. Date of Earliest Transaction (MM/DD/YYYY)								Director10% Owner				
C/O FORTE BIOSCIENCES, INC., 3060					10/1/2025								_X_ Officer (give title below) Other (specify below) CHIEF FINANCIAL OFFICER				
PEGASUS PARK DR., BLDG 6 (Street)				4. It	4. If Amendment, Date Original Filed (MM/DD/YYYY)							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	<u>(</u>			on-Deri	ivati	ve Secu	ırities Acc	quire	ed, Di	sposed o	of, or Be	neficially Own	ed				
1. Title of Security (Instr. 3) 2. Trans. D				Execution Date, if any		3. Trans. Co (Instr. 8)	de	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership			
							Code	V	Amou	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock			10/1	/2025			M		37	5 A	\$0 <sup>(1)</sup>			31,974	D		
Common Stock 10/1/202				/2025			F		13	4 D	\$14.52			31,840	D		
	Tab	le II - Deri	vative Seci	ırities I	Bene	ficially	Owned (	e.g.,	puts,	calls, wa	arrants,	options, conve	rtible secu	ırities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			ite Exer Expirati	cisable on Date			nderlying Derivative Security		Ownership Form of Derivative Security: Direct (D)	Beneficial	
				Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)		
Restricted Stock Units	(1)	10/1/2025		M			375		(2)	(2)	Commo Stock	n 375	\$0	1,875	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, one-sixteenth (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.

### **Reporting Owners**

reporting owners								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Riley Antony A C/O FORTE BIOSCIENCES, INC. 3060 PEGASUS PARK DR., BLDG 6 DALLAS, TX 75247			CHIEF FINANCIAL OFFICER					

/s/ Paul A. Wagner, Ph.D., as Attorney-in-Fact

10/2/2025

\*\*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.