FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington.	D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity

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

securiti to satis	fy the affirmations of Rule 10b	r that is intended ve defense																		
Name and Address of Reporting Person* Chimovits Erez					2. Issuer Name and Ticker or Trading Symbol <u>Upstream Bio, Inc.</u> [UPB]								(Che	Directo	onship of Reporting Pe ill applicable) Director		10% Owner			
(Last) UPSTRE	(F EAM BIO, I	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/10/2024										Officer (give title below)		Other (s below)	pecify	
890 WINTER STREET, SUITE 200					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) WALTHAM MA 02451													1 1	Line) Form filed by One Reporting Person Form filed by More than One Reporting Person				I		
(City)	(S	tate)	(Zip)																	
		Tab	ole I - Nor	-Deriv	ativ	e Se	curities	s Ac	quired, l	Disp	posed o	f, or B	ene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F	s ally following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	or	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
		-	Table II -						uired, Di						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 I if any (Month/Day	Date, T	Code (Ins				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	re es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cod	Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	OI No	umber						
Stock Option (Right to Buy)	\$17	10/10/2024			A		17,096		(1)	1	0/09/2034	Commor Stock	1	7,096	\$0.00	17,096	6	D ⁽²⁾		

Explanation of Responses:

- 1. The shares underlying this option shall vest upon the earlier of (i) October 10, 2025, and (ii) the date of the next Annual Meeting of Stockholders of the Issuer, subject to the Reporting Person's continued service on such vesting date.
- 2. Pursuant to an agreement with OrbiMed Advisors LLC, OrbiMed Capital GP VIII LLC, OrbiMed Israel GP II, L.P., and OrbiMed Advisors Israel II Limited, the Reporting Person is obligated to transfer any securities issued under any such stock options or other awards, or the economic benefit thereof, to OrbiMed Advisors LLC, OrbiMed Capital GP VIII LLC, OrbiMed Israel GP II, L.P., and OrbiMed Advisors Israel II Limited, which will in turn ensure that such securities or economic benefits are provided to OrbiMed Private Investments VIII, LP and OrbiMed Israel Partners II, L.P.

/s/ Michael Gray, Attorney-in-

Fact

10/15/2024

** 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.