

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>ACORN BIOVENTURES, L.P.</u> (Last) (First) (Middle) 420 LEXINGTON AVE., SUITE 2626 (Street) NEW YORK NY 10170 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/04/2024	3. Issuer Name and Ticker or Trading Symbol <u>OnKure Therapeutics, Inc. [OKUR]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	1,439,674	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>ACORN BIOVENTURES, L.P.</u> (Last) (First) (Middle) 420 LEXINGTON AVE., SUITE 2626 (Street) NEW YORK NY 10170 (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>ACORN CAPITAL ADVISORS GP, LLC</u> (Last) (First) (Middle) 420 LEXINGTON AVE., SUITE 2626 (Street) NEW YORK NY 10170 (City) (State) (Zip)

1. Name and Address of Reporting Person* <u>Hove Anders D</u>
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(Last)	(First)	(Middle)
420 LEXINGTON AVE., SUITE 2626		
(Street)		
NEW YORK	NY	10170
(City)		
(State)	(Zip)	

Explanation of Responses:

1. Shares held directly by Acorn Bioventures, L.P. ("Acorn"). Acorn Capital Advisors GP, LLC ("Acorn GP") is the general partner of Acorn Bioventures, L.P. Anders Hove is the manager of Acorn GP. Each of Acorn GP and Mr. Hove disclaims beneficial ownership of disclaims beneficial ownership of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its or his pecuniary interest therein, if any. This report shall not be deemed an admission that any of the Reporting Persons is a beneficial owner of such securities for the purpose of Section 16 of the Exchange Act, or for any other purpose.

<u>ACORN</u>	
<u>BIOVENTURES, L.P.,</u>	
<u>By: Acorn Capital</u>	<u>10/09/2024</u>
<u>Advisors GP, LLC, its</u>	
<u>general partner, By: /s/</u>	
<u>Anders Hove, Manager</u>	
<u>ACORN CAPITAL</u>	
<u>ADVISORS GP, LLC, By: 10/09/2024</u>	
<u>/s/ Anders Hove, Manager</u>	
<u>/s/ Anders Hove</u>	<u>10/09/2024</u>
** 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 5 (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.