FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|--------------|------|-------|
| vvasimigton, | D.C. | 20040 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235- | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| houre por roeponeo: | 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* <u>Johnson-Pratt Lisa</u> | | | | 2. Issuer Name and Ticker or Trading Symbol ASSEMBLY BIOSCIENCES, INC. [ASMB] | | | | | | | 5. Relationship of Reporting Per (Check all applicable) X Director | | | | 10% Ov | vner | | |
|---|--|------------|-------------|---|------|--|---|--------------------------------|---|---|--|--|-------------------------|--|---|------|--------------------|---------|
| (Last) | (F | irst) | (Middle) | | | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| C/O ASSEMBLY BIOSCIENCES 331 OYSTER POINT BLVD., FOURTH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2022 | | | | | | | | | | | | | | |
| (Street) | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | |
| FRANCISCO CA 94080 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non- | Deriva | tive | Sec | curities | s Ac | quired, D | sposed | of, or E | Benefi | cially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Code (Ins | Transaction Disposed Of (D) (Instr. 3, 2) | | | 4 and Securitie Benefici | | es Forr ally (D) o Following (I) (II | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | Amou | nt (A | or | rice | Transact (Instr. 3 a | ion(s) | | | (1113411 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | | Co | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | of Secu Underli Derivati | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Co | ode | v | (A) | (D) | Date Exercisable | Expiratio Date | ı Title | or | ount mber ires | | | | | |
| Stock Option (right to buy) | \$1.69 | 05/25/2022 | | | A | | 20,000 | | (1) | 05/25/203 | 2 Commo Stock | | 000 | \$0.00 | 20,000 |) | D | |

Explanation of Responses:

1. Grant of stock options. The stock options vest, assuming continuous service, upon the earlier of (1) May 25, 2023 and (2) the date of the Issuer's 2023 annual meeting of stockholders.

Remarks:

/s/ John O. Gunderson, as 05/27/2022 Attorney-in-Fact

** 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.