SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

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

Reporting Person Reporting Person Reporting Person				ivent tatement /Year) 3	3. Issuer Name and Ticker or Trading Symbol <u>ASSEMBLY BIOSCIENCES, INC.</u> [ASMB]							
(Last) 333 LAKES	(First) IDE DRIVE	(Middle)			Issuer (Check all	nship of Repoi I applicable) irector	rting X	-		File	d (Month/Day/	Date of Original Year) int/Group Filing
(Street) FOSTER CITY	CA	94404				fficer (give le below)		Other below)	(specify		eck Applicable Form filed Person	e Line) by One Reporting by More than One
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					Beneficially Owned (Instr. Fe					. Nature of Indirect Beneficial Iwnership (Instr. 5)		
Common Stock					13,073,668		I)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)				ate	d 3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)					cise Fo	Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title			Amount or Number of Shares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

<planation of Responses:</p>

Gilead Sciences, Inc. By: /s/ Andrew D. Dickinson

10/25/2023

Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.