SEC Form 3

**FORM 3**

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

| OMB APPROVAL | |
|---|---|
| OMB Number: | 3235-0104 |
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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* <br><br> **PERCEPTIVE ADVISORS LLC** <br><br> (Last) (First) (Middle) <br> **51 ASTOR PLACE, 10TH FLOOR** <br><br> (Street) <br> **NEW YORK** **NY** **10003** <br><br> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) <br> **11/17/2022** | 3. Issuer Name **and** Ticker or Trading Symbol <br> **Acrivon Therapeutics, Inc.** [ **ACRV** ] |
|---|---|---|
| | | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <br><br> Director **X**  10% Owner <br> 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) <br>  Form filed by One Reporting Person <br> **X** 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) |
|---|---|---|---|
| Common Stock | 3,007,858 | I | See footnote[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 | Title | Amount or Number of Shares | | | |

| 1. Name and Address of Reporting Person* <br><br> **PERCEPTIVE ADVISORS LLC** <br><br> (Last) (First) (Middle) <br> **51 ASTOR PLACE, 10TH FLOOR** <br><br> (Street) <br> **NEW YORK** **NY** **10003** <br><br> (City) (State) (Zip) |
|---|

| 1. Name and Address of Reporting Person* <br><br> **PERCEPTIVE LIFE SCIENCES MASTER FUND LTD** <br><br> (Last) (First) (Middle) <br> **51 ASTOR PLACE, 10TH FLOOR** <br><br> (Street) <br> **NEW YORK** **NY** **10003** <br><br> (City) (State) (Zip) |
|---|

1. Name and Address of Reporting Person*

**EDELMAN JOSEPH**

| | | |
|---|---|---|
| (Last) | (First) | (Middle) |

51 ASTOR PLACE, 10TH FLOOR

(Street)

| NEW YORK | NY | 10003 |
|---|---|---|
| (City) | (State) | (Zip) |

**Explanation of Responses:**

1. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of the Master Fund. The Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of its indirect pecuniary interest therein, and this report shall not be deemed an admission that the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes. Joseph Edelman, the managing member of the Advisor, serves as a director of the Issuer and has filed a separate Form 3.

| | |
|---|---|
| /s/ Joseph Edelman - for Perceptive Life Sciences Master Fund Ltd., By: Perceptive Advisors LLC, its investment manager, By: Joseph Edelman, its managing member | 11/18/2022 |
| /s/ Joseph Edelman - for Perceptive Advisors LLC, By: Joseph Edelman, its managing member | 11/18/2022 |
| /s/ Joseph Edelman | 11/18/2022 |
| ** 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.**