FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person* Gamelin Erick							2. Issuer Name and Ticker or Trading Symbol Acrivon Therapeutics, Inc. [ACRV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Gamenn Erick						[11011,]										ector		10% O			
							to of F	orlica	t Trons	action /	/onth	(Day/Year)			-		icer (give title ow)		Other (below)	specify	
(Last) (First) (Middle)							3. Date of Earliest Transaction (Month/Day/Year)								(Chief Develo	opme	nt Officer	.		
C/O ACRIVON THERAPEUTICS, INC.						11/1	11/14/2024											r			
480 ARSENAL WAY, SUITE 100																					
,						4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)																Line)					
WATER	ΓOWN	MA	. 0	2472												Form filed by One Reporting Person					
																Form filed by More than One Reporting Person					
(City)		(Sta	te) (Z	Zip)		Pelsuit															
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of S	Security (Instr	. 3)		2. Transac	ction	tion 2A. Deemed 3. 4. Securities Acquired (A.						(A) or				wnership	7. Nature			
	, (-,		Date (Month/Da	.v/Voor\	Execution Date,			Transaction Disposed Of (D) (Instr. 3					rities eficially			of Indirect Beneficial			
(MORTH/Da)					ayr i edi)	y/Year) if any (Month/Day/Year)			Code (Instr. 5)				Own	ed Following (Ì)) (Instr. 4)	Ownership				
									Code	v	Amount (A) or (D)		Price	Tran	Reported Transaction(s)			(Instr. 4)			
										Coue	Ľ	Amount	(D) F1		FIICE	(Inst	r. 3 and 4)				
Common Stock 11/14/2						2024				F ⁽¹⁾		402	I	D \$7.9		2	2 16,961		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
(e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of	2.		3. Transaction		A. Deemed			5. Number		6. Date Exercisal						8. Price o			10.	11. Nature	
Derivative Security	Conversi or Exerci		Date (Month/Day/Year)	if any	on Date,	Transa Code (Expirati (Month/			Amount of Securities			Derivativ Security	e derivative Securities		Ownership Form:	Beneficial	
(Instr. 3)				Day/Year)	8)			Securities Acquired (A) or		Underlying Derivative Security (In:			9	(Instr. 5)	Beneficial Owned		Direct (D) or Indirect (I) (Instr. 4)				
															Following						
							Disposed of (D) (Instr. 3, 4 and 5)		3 and 4)			4)			Reported Transaction		(s)				
																(Instr. 4)	(3)	>)			
										Date Exercisable				Am or	ount						
														Nur	nber						
						Code	Code V (A)		(D)			Expiration Date	Title Sha		ares						

Explanation of Responses:

1. Shares withheld by the Issuer to satisfy the mandatory tax withholding requirement upon vesting of restricted stock units.

/s/ Rasmus Holm-Jorgensen, Attorney-in-Fact

11/18/2024

** Signature of Reporting Person

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.