FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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

| Name and Address of Reporting Person* Gamelin Erick | | | | | | 2. Issuer Name and Ticker or Trading Symbol Acrivon Therapeutics, Inc. [ACRV] | | | | | | | | | eck all app Direct | ctor | ng Pei | 10% Ov | vner |
|--|--|--|--------|---------------------------------|---|---|---|-----|--|------|--|------------|-------------------|-----------------------------|---|---|--------------------------------------|--|--|
| (Last) | (First) (Middle) CRIVON THERAPEUTICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) $08/14/2024$ | | | | | | | | | belov | Officer (give title below) Chief Develop | | Other (s below) nt Officer | · |
| 480 ARSENAL WAY, SUITE 100 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Application) Form filed by One Reporting Person | | | | |
| (Street) WATERTOWN MA 02472 | | | | | | | | | | | | | | l | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Executy/Year) if any | | Deemed cution Date, ly nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | (A) or 3, 4 an | d Securi Benefi Owned | cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 08/14/2 | | | | | 2024 | | | | F ⁽¹⁾ | | 402 | D \$7.0 | | \$7.0 | 2 17,363 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Exercise (Month/Day/Year) if a | | | if any | emed ion Date, /Day/Year) | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | te | Amou | | . | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | or Nun of | ount nber res | | | | | |

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

08/16/2024

** 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.