FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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

1. Name and Address of Reporting Person*  Byrnes Michael						2. Issuer Name and Ticker or Trading Symbol eFFECTOR Therapeutics, Inc. [ EFTR ]									all app		ng Per	10% Ov	vner
(Last)	(Fir	st) (M		3. Date of Earliest Transaction (Month/Day/Year) 11/15/2023									belov	er (give title v) Chief Finar	ncial	Other (s below) Officer	specify		
142 NORTH CEDROS AVENUE, SUITE B						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SOLANA BEACH CA 92075						X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
(City)	(State) (Zip)				$ _{\square}$	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. Transacti Date (Month/Day						Execu if any	eemed Ition Date, h/Day/Year)					s Acquired (A) of f (D) (Instr. 3, 4		nd Securit Benefi		ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
										v	Amount	(A) o (D)	r Price		Transa	Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 11/15/20						023					<b>4,524</b> <sup>(1)</sup>	A	\$0.4	973	73 43,271			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, or Exercise   (Month/Day/Year)   if any			4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. These shares were acquired under the eFFECTOR Therapeutics, Inc. 2021 Employee Stock Purchase Plan.

## Remarks:

/s/ Michael Byrnes

11/16/2023

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.