FORM 4

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

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

|  | OMB APPROVAL                                      |       |  |  |  |  |  |  |  |  |
|--|---|-------|--|--|--|--|--|--|--|--|
|  | OMB Number: 3235-0287<br>Estimated average burden |       |  |  |  |  |  |  |  |  |
|  |   |       |  |  |  |  |  |  |  |  |
|  | hours per response                                | . 0.5 |  |  |  |  |  |  |  |  |

|  | tion 1(b).   | 140. 550 |                              | Filed   | pursua<br>or Se  | ant to S<br>ection 3 | ection<br>80(h) of                                       | 16(a)<br>the li | of the S<br>nvestme                       | Securi<br>ent Co  | ties Exchange<br>mpany Act of | e Act of<br>f 1940   | 1934  |                                   | nours  | s per res  | sponse. | 0.5        |
|--|--|----------|------------------------------|---|--|----------------------|--|-----------------|---|---|-------------------------------|--|---|-----------------------------------|--|--|---------|------------|
| Name and Address of Reporting Person*     Byrnes Michael                                 |  |          |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol eFFECTOR Therapeutics, Inc. [ EFTR ] |  |                      |  |                 |   |   |                               |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specifications) |                                   |  |  |         |            |
| (Last) (First) (Middle) C/O EFFECTOR THERAPEUTICS, INC. 142 NORTH CEDROS AVENUE, SUITE B |  |          |                              | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022                             |  |                      |  |                 |   |   |                               | X Officer (give title Officer (specify below)  Chief Financial Officer |   |                                   |  |  |         |            |
| (Street) SOLANA BEACH (City)   | CA   |          | 2075<br>Zip)                 |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |                      |  |                 |   |   |                               |  | ne)<br>X Fo   | <i>'</i>                          |  |  |         |            |
|  |  | Table    | I - No                       | n-Deriva  | tive S   | Secui                | rities   | Acq             | uired                                     | , Dis   | posed of,                     | or B   | enefic  | ially O                           | vned   |  |         |            |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/                         |  |          |                              | Execution Date,   |  | ,                    | Transaction Disposed Of Code (Instr. 5)                  |                 | s Acquired (A) o<br>of (D) (Instr. 3, 4 a |   | nd Sed<br>Bed<br>Ow           | mount of<br>urities<br>reficially<br>ned Following                     | Form:   | : Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |  |         |            |
|  |  |          |                              |   |  |                      |  |                 | Code                                      | v   | Amount                        | (A) or<br>(D)  | Price   | Tra                               | Reported Transaction(s) (Instr. 3 and 4)                                 |  |         | (Instr. 4) |
| Common Stock 11/15/20  |  |          |                              | .022  |  |                      |  | Α               | V   | 4,651(1)  | A                             | \$0.40   | 684   | 33,884                            |  | D  |         |            |
|  |  | Tal      | ole II                       |   |  |                      |  |                 |   |   | osed of, c                    |  |   |                                   | ned  |  |         |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                      | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any |          | 4.<br>Transa<br>Code (<br>8) |   |  |                      | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                 |   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                               | 8. Price<br>Derivati<br>Security<br>(Instr. 5                          | e derivative  | ly C                              | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |         |            |

Date Exercisable

Expiration Date

## **Explanation of Responses:**

## Remarks:

/s/ Michael Byrnes

of Shares

11/16/2022

\*\* 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.

(D)

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