FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMP Number:	3235-0287							
OMB Number:								
Estimated average burden								
hours per response:	0.5							

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

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Instruc	uon 1(b).			FIIE	ea purs or	Secti	on 30(h) o	of the	i) of the Secu Investment (Company Ac	nge Act of 1 t of 1940	1934					
Name and Address of Reporting Person* Legyny Capalina M.					2. Issuer Name and Ticker or Trading Symbol eFFECTOR Therapeutics, Inc. [EFTR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Loewy Caroline M</u>					<u>erruorore merapeatics, mer</u> [in m]							X Director 10% Owner			Owner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/09/2023							Officer below)	(give title	Other below	(specify	
C/O EFFECTOR THERAPEUTICS, INC.				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable					
142 NORTH CEDROS AVENUE, SUITE B					4. Il Americanent, Date of Original Filed (Montaliday/Teal)							e)					
					.								Form filed by One Reporting Person				
(Street)													Form filed by More than One Reporting Person				
SOLANA BEACH	A C.	A	92075		Rı	Rule 10b5-1(c) Transaction Indication											
(City)	(S	tate)	(Zip)			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.											
		Tab	le I - Nor	-Deriv	ativ	e Se	curities	s Ac	quired, D	isposed	of, or Be	neficial	ly Owned	l			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				Benefici Owned F	es Forn ally (D) of following (I) (Ir	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code V	Amoun	(A) o	r Price	Reporte Transac (Instr. 3	ion(s)		(Instr. 4)		
		-							uired, Dis , options	•	•	-	Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		Date,	4. Transaction Code (Instr. 8)		of E		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 (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$0.646	09/09/2023			A		40,000		(1)	09/08/2033	Common Stock	40,000	\$0.00	40,000	D		

Explanation of Responses:

1. The shares subject to the option will vest in substantially equal monthly installments over three years, commencing on September 9, 2023, subject to the Reporting Person's continued service with the Issuer

Remarks:

/s/ Michael Byrnes, Attorneyin-Fact for Caroline M. Loewy

09/11/2023

** 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.