Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| washington, | D.C. 20549 |
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| | |

| Check this box if no longer subject | STATE |
|-------------------------------------|-------|
| to Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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* WORLAND STEPHEN T | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>eFFECTOR Therapeutics, Inc.</u> [EFTR] | | | | | | | | | | ck all app | , | ng Per | rson(s) to Is 10% O Other (| wner |
|--|--|---------|--------------|----------|---|--|---|---|--------------------------------|-------|---|------------|---|-----------------|--|----------------------|---|--|--|
| (Last) (First) (Middle) C/O EFFECTOR THERAPEUTICS, INC. 142 NORTH CEDROS AVENUE, SUITE B | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2022 | | | | | | | | | | belov | | Chief | below) | · |
| (Street) SOLANA BEACH | C_{2} | A 9 | 2075 | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Ind Line) | ' | | | | on |
| (City) | (St | ate) (Z | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution D | | | 3. Transaction Code (Instr. 8) | | | | | A) or , 4 and | Securit | Amount of curities neficially ned Following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (111341. 4) |
| Common Stock 05/1. | | | | 05/13/ | 2022 | | | | A ⁽¹⁾ | V | 1,837 | A | . ; | \$1.53 | 53 194,978 | | | D | |
| Common Stock | | | | | | | | | | | | 562 | 2,339(2) | | I | By Trust | | | |
| | 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Dispo | r osed) r. 3, 4 | 6. Date Expirati (Month/ | on Da | te Amo ear) Secu Undo Deri Secu | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of erivative ecurity nstr. 5) | | y Owner Form Director Inc (I) (In: | 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 | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

- 1. These shares were acquired under the eFFECTOR Therapeutics, Inc. 2021 Employee Stock Purchase Plan.
- 2. The Form 4 previously filed on behalf of the Reporting Person on August 27, 2021 inadvertently overstated the number of shares held directly following the transactions reported therein. This reflects the correct number of shares directly and indirectly held by the Reporting person following the previously reported transactions and the transaction reported herein.

Remarks:

/s/ Michael Byrnes, Attorney-

in-Fact for Stephen T.

05/17/2022

Worland

** 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.