FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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| C. 20549 | OMB APPROVAL |

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| | hours per response: | 0.5 | | | | | |

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

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 eFFECTOR Therapeutics, Inc. [EFTR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|---|-----------------------------------|--|--|------|--|--------|---|---|---|---|--|--|-----------------------------------|---|--|--|
| (Last) | (F | First) | (Middle) | | | | | | | | | | | Officer (g | | | Other (sp | | |
| C/O EFFECTOR THERAPEUTICS, INC. 142 NORTH CEDROS AVENUE, SUITE B | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/17/2023 | | | | | | | | Chi | ief Exec | utive (| Officer | | | |
| (Street) SOLANA BEACH | C | Α | 92075 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | T | able I - Non-I | Deriva | tive S | Securities | s Ac | quired | , Di | sposed o | of, or B | enefic | ially (| Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/L | | | | ate | 2A. Deemed Execution Dat if any (Month/Day/Ye | | Date | e, Transaction Dispose Code (Instr. | | rities Acquired (A) o ed Of (D) (Instr. 3, 4 a | | and 5) Securities Beneficiall Owned Fol | | y (D) or | | Direct Ir Indirect B tr. 4) | . Nature of ndirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | t (A) or (D) | | rice | Reported Transaction(s) (Instr. 3 and 4) | | " | | nstr. 4) | | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. | | 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 a Securitie Derivativ (Instr. 3 a | s Under e Securi | lying | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Followin Reported | re es ally g | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisa | ble | Expiration Date | Title | Amou Numb Share | er of | | Transaction(s) (Instr. 4) | | | | |
| Stock Option (Right to | \$0.47 | 01/17/2023 | | A | | 1,000,000 | | (1) | | 01/16/2033 | Common Stock | 1,000 | 0,000 | \$0.00 | 1,000,000 | | D | | |

Explanation of Responses:

1. 1/48th of the total number of shares subject to the options shall vest on each monthly anniversary of January 17, 2023 (the "Vesting Commencement Date"), subject to the Reporting Person's continuous service to the Issuer on each such vesting date, so that the options shall be fully vested on the fourth anniversary of the Vesting Commencement Date.

Remarks:

/s/ Michael Byrnes, Attorney-in-Fact for Stephen T. Worland 01/19/2023

** 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.