FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CI	HANGES	IN BEN	IEFICIAL	OWNERSH	ΙIΡ

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*  Klencke Barbara				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>eFFECTOR Therapeutics</u> , <u>Inc.</u> [ EFTR ]										tionship o all applic Directo	able)	g Pers	son(s) to Issi		
(Last) (First) (Middle) C/O EFFECTOR THERAPEUTICS, INC. 11120 ROSELLE ST SUITE A				3. Date of Earliest Transaction (Month/Day/Year) 11/01/2021										Officer below)	(give title		Other (s below)	pecify	
(Street) SAN DIEGO CA 92121 (City) (State) (Zip)							,		of Original Fi			,	Li	ine) X	Form fi Form fi Person	led by One	Repo	(Check Apporting Person	1
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			action 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. 5)		ed (A) or	A) or 5. Amou Securitie Benefici		es Formally (D) (I) (II)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership						
									Code		Amount	(A) or (D)	Price		Transact (Instr. 3 a	ion(s)			Instr. 4)
		7	Γable II - D (ε						uired, Dis , options						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	3A. Deemed Execution Date, if any (Month/Day/Year)	ate, Tr	4. Transaction Code (Instr. 8)		ı of l		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		D	erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	is lly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amoun or Numbe of Shares	r					
Stock Option (Right to Buy)	\$10.18	11/01/2021			A		40,000		(1)	10	)/31/2031	Common Stock	40,00	0	\$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 November 1, 2021, subject to the Reporting Person's continued service with the Issuer through each vesting date.

## Remarks:

/s/ Michael Byrnes, Attorneyin-Fact for Barbara Klencke

11/02/2021

\*\* 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.