FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

HIIEO F	IND EXCHANGE COMMISS
A / I- ! 4	D O 00E40

**OMB APPROVAL** 3235-0287 Estimated average burden

0.5

hours per response:

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative
defense conditions of Rule 10b5-

1(c). S	ee Instruction 1	0.																		
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Atea Pharmaceuticals, Inc. [ AVIR ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
BERGER FRANKLIN M												1	Direc	Director Officer (give title below)		10% Ov	vner			
(Last) (First) (Middle) 225 FRANKLIN STREET					3. Date of Earliest Transaction (Month/Day/Year) 01/15/2025												Other (specify below)			
SUITE 2	2100				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BOSTON MA 02110													Form filed by One Reporting Form filed by More than On Person			Ū	۱ ا			
(City)	(St																			
		Table	I - N	on-Deriva	tive	Secur	ities Ac	quire	d, D	isposed of	f, or B	enefic	ially	Own	ed					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution (ear) if any		emed ion Date, /Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			i 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111041. 4)			
Common Stock 01/15/202				25			P		15,000	D	\$3.192	23(1)	466,897		D					
Common Stock 01/16/202				25			P		10,000	D	\$3.36	14 <sup>(2)</sup> 476,8		76,897		D				
		Tal	ole I							posed of, convertib				)wne	d					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution ecurity or Exercise (Month/Day/Year) if any		ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Deri Sec	8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$3.165 to \$3.21. The Reporting Person undertakes to provide Atea Pharmaceuticals, Inc. (the "Company"), any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

Exercisable

(D)

(A)

2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$3.32 to \$3.405. The Reporting Person undertakes to provide the Company, any security holder of the Company, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

/s/ Andrea Corcoran, as

or Number

**Shares** 

Attorney-in-Fact for Franklin 01/17/2025

M. Berger

Title

Expiration

\*\* 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).

Code

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.