FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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10/-	-1-1		00540						

**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 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-
deletise conditions of Rule 1005-

1(c). Se	ee Instruction 1	0.																	
1. Name and Address of Reporting Person* BERGER FRANKLIN M					2. Issuer Name and Ticker or Trading Symbol Atea Pharmaceuticals, Inc. [ AVIR ]									tionship all app	,		son(s) to Is:		
(Last) (First) (Middle) 225 FRANKLIN STREET SUITE 2100				12/	3. Date of Earliest Transaction (Month/Day/Year) 12/10/2024									below			Other (s below)		
(Street) BOSTON MA 02110				)	If Amendment, Date of Original Filed (Month/Day/Year)								ine)	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(51		Zip) I - N	lon-Deriva	ative	Secu	rities	Ac	quire	d, Di	sposed of	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				rear)	Execution Date,		e,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		d (A) or r. 3, 4 and	i 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v .	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			Instr. 4)
Common	Stock			12/10/202	:4		S		359,606	D \$2.8		451,897		51,897	D				
		Tal	ble I	I - Derivati (e.g., pเ							oosed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)  2. Conversior or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exc Expiration (Month/Dat			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	vative deri urity Sec tr. 5) Ben Own Foll Rep Trar	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	Code V		(D)	Date Exer	e rcisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$2.75 to \$2.955. 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 sold at each separate price within the range set forth in this footnote.

/s/ Andrea Corcoran, as

12/12/2024 Attorney-in-Fact for Franklin

M. Berger

\*\* 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.