SEC Form 4																
FO	RM 4	UNITE	O STAT	ES S	ea Pharmaceuticals, Inc. [AVIR] (Check all ap ate of Earliest Transaction (Month/Day/Year) Image: Check all ap 6/2024 Office Office Amendment, Date of Original Filed (Month/Day/Year) 6. Individual of Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap 6. Individual of Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap Image: Check all ap </th <th>SION</th> <th>OMB APPR</th> <th>OVAL</th>	SION	OMB APPR	OVAL								
Section 16. Form 4 or Form 5 obligations may continue. See				pursuar	nt to Section 16(a) of	of the Se	ecuriti	es Exchange A			MB Number: stimated average bur purs per response:	3235-0287 den 0.5				
1. Name and Address of Reporting Person [*] Lucidi Bruno				2. Issuer Name and Ticker or Trading Symbol Atea Pharmaceuticals, Inc. [AVIR]							5. Relationship of Reporting Person(s) to I (Check all applicable)					
(Last)	(First)	(Middle)				ction (M	onth/E	Day/Year)		Officer (give ti below)	tle Other below	(specify /)				
225 FRANKLIN STREET SUITE 2100				4. If Amendment, Date of Original Filed (Month/Day/Year)												
(Street) BOSTON	MA	02110		Person												
(City)	(State)	(Zip)		Ch	eck this box to indica	t, instruction or writ 0.	tten plan that is intend	led to								
		Table I - No	n-Deriva	tive S	ecurities Acq	uired,	Dis	posed of, o	or Ben	eficially	Owned					
Date			2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		5)			5. Amount of Securities Beneficially Owned Followin 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)	_				
Common Stoc	k		06/16/2	2024		М		33,150	Α	\$0.00 ⁽¹⁾	83,150	D	1			

	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Penorted	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)						

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. Transa Code (8)				ate	and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Restricted Stock Units	(1)	06/16/2024		М			33,150	(2)	(3)	Common Stock	33,150	\$0.00	0	D	

Explanation of Responses:

1. Restricted stock units convert into common stock on a one-for-one basis.

2. The restricted stock units are fully vested.

3. The restricted stock units do not have an expiration date.

/s/ Andrea Corcoran, as Attorney-in-Fact for Bruno Lucidi ** Signature of Reporting Person

06/18/2024

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.

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