FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Nashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response:	0.5								

					or S	Section	on 30(h)	of the	Investment (Company Ac	t of 1940						
1. Name and Address of Reporting Person* <u>Lucidi Bruno</u>				2. Issuer Name and Ticker or Trading Symbol Atea Pharmaceuticals, Inc. [AVIR]							(Ch	Relationship eck all appli X Directo	,		son(s) to Iss		
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/16/2023								(give title		Other (s below)	
225 FRANKLIN STREET SUITE 2100 (Street) BOSTON MA 02110				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	e)	or Joint/Group Filing (Check Applicat				
												Form f	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									ed to			
		Tab	le I - No	n-Deriv	ative	Sec	curities	s Ac	quired, D	isposed (of, or Be	neficial	ly Owned	t			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,			Code (Instr. 5)			str. 3, 4 an	Benefici Owned I Reporte	es For (D) Following (I) (r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	/ Amount	(A) c (D)	Price	Transac (Instr. 3					
		Т							uired, Dis s, options				Owned				
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	Date,	Code (Instr.				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 derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	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											Common					_	

Explanation of Responses:

(1)

\$4.12

06/16/2023

06/16/2023

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of the Issuer's Common Stock.
- 2. The RSUs vest in a single installment on the earlier of (i) the date of the next annual meeting of the Issuer's stockholders occurring after the date of grant or (ii) the first anniversary of the date of grant, in each case, subject to the Reporting Person's continued service through the applicable vesting date.

(2)

(3)

33,150

46,750

(2)

06/15/2033

3. The option vests and becomes exercisable in twelve (12) substantially equal monthly installments following June 16, 2023, such that the option shall be fully vested on the first anniversary of the date of grant, subject to the Reporting Person's continued service through each such vesting date.

Remarks:

Stock

Units Stock Option (Right to

Buy)

/s/ Andrea Corcoran, as Attorney-in-Fact for Bruno

33,150

46,750

Stock

Common Stock

\$0.00

\$0.00

06/21/2023

33,150

46,750

D

D

Lucidi

** 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.