

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Atlas Venture Fund X, L.P.</u> <hr/> (Last) (First) (Middle) 300 TECHNOLOGY SQUARE, 8TH FLOOR <hr/> (Street) CAMBRIDGE MA 02139 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Disc Medicine, Inc. [IRON]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 01/10/2024	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person
Rule 10b5-1(c) Transaction Indication <input type="checkbox"/> 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.		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	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			
Common Stock	01/10/2024		S		30,000	D	\$64	1,449,686	D ⁽¹⁾	
Common Stock	01/10/2024		S		20,000	D	\$64	786,160	I	See footnote ⁽²⁾

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 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					

1. Name and Address of Reporting Person* <u>Atlas Venture Fund X, L.P.</u> <hr/> (Last) (First) (Middle) 300 TECHNOLOGY SQUARE, 8TH FLOOR <hr/> (Street) CAMBRIDGE MA 02139 <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>ATLAS VENTURE ASSOCIATES X, L.P.</u> <hr/> (Last) (First) (Middle) 300 TECHNOLOGY SQUARE, 8TH FLOOR <hr/> (Street) CAMBRIDGE MA 02139 <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person* <u>Atlas Venture Associates X, LLC</u> <hr/> (Last) (First) (Middle) 300 TECHNOLOGY SQUARE, 8TH FLOOR

(Street)
CAMBRIDGE MA 02139

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Atlas Venture Opportunity Fund I, L.P.](#)

(Last) (First) (Middle)
300 TECHNOLOGY SQUARE, 8TH FLOOR

(Street)
CAMBRIDGE MA 02139

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Atlas Venture Associates Opportunity I, L.P.](#)

(Last) (First) (Middle)
300 TECHNOLOGY SQUARE, 8TH FLOOR

(Street)
CAMBRIDGE MA 02139

(City) (State) (Zip)

1. Name and Address of Reporting Person*

[Atlas Venture Associates Opportunity I, LLC](#)

(Last) (First) (Middle)
300 TECHNOLOGY SQUARE, 8TH FLOOR

(Street)
CAMBRIDGE MA

(City) (State) (Zip)

Explanation of Responses:

1. These shares are held directly by Atlas Venture Fund X, L.P. ("Atlas X"). Atlas Venture Associates X, L.P. ("Associates X") is the general partner of Atlas X. Atlas Venture Associates X, LLC ("Associates X LLC") is the general partner of Associates X. Each of Associates X and Associates X LLC disclaims Section 16 beneficial ownership of the securities held by Atlas X, except to the extent of its pecuniary interest therein, if any.
2. These shares are held directly by Atlas Venture Opportunity Fund I, L.P. ("Atlas Opportunity I"). Atlas Venture Associates Opportunity I, L.P. ("Associates I") is the general partner of Atlas Opportunity I. Atlas Venture Associates Opportunity I, LLC ("Associates I LLC") is the general partner of Associates I. Each of Associates I and Associates I LLC disclaims Section 16 beneficial ownership of the securities held by Atlas Opportunity I, except to the extent of its pecuniary interest therein, if any.

Remarks:

[Atlas Venture Fund X, L.P.](#),
[By: Atlas Venture Associates X, L.P., its general partner,](#)
[By: Atlas Venture Associates X, LLC, its general partner,](#) 01/12/2024
[By: Ommer Chohan, Chief Financial Officer /s/ Ommer Chohan](#)

[Atlas Venture Associates X, L.P., By: Atlas Venture Associates X, LLC, its general partner, By: Ommer Chohan,](#) 01/12/2024
[Chief Financial Officer /s/ Ommer Chohan](#)

[Atlas Venture Associates X, LLC By: Ommer Chohan,](#) 01/12/2024
[Chief Financial Officer /s/ Ommer Chohan](#)

[Atlas Venture Opportunity Fund I, L.P., By: Atlas Venture Associates Opportunity I, L.P., its general partner, By: Atlas Venture Associates Opportunity I, LLC, its general partner, By: Ommer](#)

Chohan, Chief Financial
Officer /s/ Ommer Chohan

Atlas Venture Associates
Opportunity I, L.P., By: Atlas
Venture Associates

Opportunity I, LLC, its 01/12/2024
general partner, By: Ommer
Chohan, Chief Financial
Officer /s/ Ommer Chohan

Atlas Venture Associates
Opportunity I, LLC By: 01/12/2024
Ommer Chohan, Chief
Financial Officer /s/ Ommer
Chohan

** 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.