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**

Washingto

n, D.C. 20549	OMB APPRO

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

					or	Section	on 30(h	n) of the	Ínves	stment (	Com	pany Act	of 1940								
Name and Address of Reporting Person*     Bryce Joanne					2. Issuer Name and Ticker or Trading Symbol  Disc Medicine, Inc. [ IRON ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) C/O DISC MEDICINE, INC.						3. Date of Earliest Transaction (Month/Day/Year) 09/11/2023										below)	(give title hief Fina	ncial	Other (s below) Officer	specify	
321 ARSENAL STREET, SUITE 101					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) WATERTOWN MA 02472						X Form filed by One Reporting Person Form filed by More than One Reporting Person												- 1			
(City) (State) (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.															
		Tab	le I - Nor	ı-Deriv	/ative	e Se	curiti	ies Ac	quir	red, D	isp	osed o	f, or I	3ene	eficial	ly Owned	t				
				Date	e Einth/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		,   T	Transaction   Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici Owned I	ies For ially (D) Following (I) (		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership		
									c	Code V	,	Amount	(A (D	) or )	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock					1/2023					M		2,500	)	A	\$9.86	3,760			D		
	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  (Instr. 3)  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deemed Execution Date (Month/Day/Year)  (Month/Day/Year)			Date,	4. Transa Code ( 8)		of Ex		Expi	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				Co	Code	v	(A)	(D)	Date Exer	e rcisable		opiration ate	Title	O N O	umber						
Stock Option (Right to	\$9.86	09/11/2023			M			2,500		(1)	09	)/13/2031	Commo		2,500	\$0.00	76,74	5	D		

## **Explanation of Responses:**

1. The shares underlying this option vest in 48 equal monthly installments following September 1, 2021, subject to the Reporting Person's continued service on each such vesting date.

By: /s/ Rahul Khara, as

09/13/2023

Attorney-in-Fact

\*\* 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.