FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

mington, D.C. 20549	OMB		
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	OMB APPR	OVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB APPROVAL  OMB Number: 3235-0287 Estimated average burden hours per response: 0.5				
OTATEMENT OF OTTATOLO IN BENEFICIAL OWNEROUS	Estimated average burden				
	hours per response:	0.5			

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>GEMAYEL GEORGES</u>					2. Issuer Name and Ticker or Trading Symbol <u>Disc Medicine, Inc.</u> [ IRON ]									onship all appli Directo	cable)	g Per	son(s) to Iss 10% Ov		
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023								Officer below)	(give title		Other (s below)	pecify	
C/O DISC MEDICINE, INC 321 ARSENAL STREET, SUITE 101					4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person					
(Street) WATERTOWN MA 02472															Form filed by More than One Reporting Person				
(City)	(City) (State) (Zip)  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									that is intend	ed to								
		Tabl	e I - Nor			_			quired,	Disp				lly C	)wne	d			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						Execution Date			r, Transaction Di Code (Instr. 5)			ecurities Acquired (A) posed Of (D) (Instr. 3, 4		and Securit Benefic Owned		ies Fe cially (E Following (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code V			Amount	t (A) or Price		т	Reported Transaction(s) (Instr. 3 and 4)				inisti. 4)				
		Ta							uired, D s, option					y Ov	vned				
Derivative Conversion Date Executive Or Exercise (Month/Day/Year) if any			if any	cution Date, T		4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity rr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		piration te	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$45.69	06/09/2023			A		7,136		(1)	06	/08/2033	Common Stock	7,136	\$0	0.00	7,136		D	

## **Explanation of Responses:**

1. The shares underlying this option vest upon the first to occur of (i) the date of the Company's 2024 annual meeting of its stockholders, or (ii) the one-year anniversary of the grant date, subject to the Reporting Person's continued service on such vesting date.

## Remarks:

By: /s/ Rahul Khara, as 06/09/2023 Attorney-in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.