FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subjec
$\neg$	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*     Savage William Jacob					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Disc Medicine, Inc. [ IRON ]											all app Direc			10% O	wner	
(Last)		(First)	•	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/09/2023										Officer (give title below)  Chief Med		Other ( below) Officer	specify
321 ARSENAL STREET, SUITE 101					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WATER	TOWN	MA	02472													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(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.														
			Table I	_     -	Non-Derivat	ive :															
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Yea	2/ E	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		tion	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			r 5. A and 5) Sec Ber Ow		ount of ities	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Cod	le	v	Amount	(A) or (D)	Price						
Common Stock				08/09/2023				S	(1)		3,200	D	\$48.90	)03 <sup>(2)</sup>	12,741			D			
Common Stock					08/09/2023				S	1)		3,588	D	\$50.2	18 <sup>(3)</sup>	9,153			D		
Common Stock					08/09/2023				S <sup>(:</sup>	(1)		1,481	D	\$50.91	L22 <sup>(4)</sup>	7,672			D		
			Tab	le	II - Derivativ (e.g., put												Owne	ed			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		ecution Date, any	4. Trans Code 8)	action (Instr	of De Se Ac (A Di of (In	umber   Expirat			ration l		Amo Secu Unde Deriv Secu (Inst	tle and unt of urities erlying vative urity r. 3 and 4	nt		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. The sales reported by the Reporting Person were effected pursuant to a Rule 10b5-1 trading plan adopted on February 16, 2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$48.44 to \$49.26, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (2), (3) and (4) to this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$49.58 to \$50.57, inclusive.
- 4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$50.58 to \$51.31, inclusive.

By: /s/ Rahul Khara, as Attorney-in-Fact 08/11/2023

\*\* 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.