FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response.	0.5							

	Check this box if no longer subject to
١	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

Name and Address of Reporting Person* <u>Klausner Richard</u>					2. Issuer Name and Ticker or Trading Symbol Lyell Immunopharma, Inc. [ LYEL ]									ck all applic Directo	able) r	g Pers	son(s) to Iss	vner		
(Last) (First) (Middle) C/O LYELL IMMUNOPHARMA, INC. 201 HASKINS WAY						3. Date of Earliest Transaction (Month/Day/Year) 06/08/2021										below)	(give title		Other (s below)	specify
(Street) SOUTH SAN FRANCISCO  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
		Tab	le I - Non	-Deriv	vativ	e Se	curities	s Ac	quir	red, D	isp	osed o	f, or Be	nefic	cially	Owned				
Date					saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		TI C	Transaction Dispo		Disposed	rities Acquired (A) d Of (D) (Instr. 3, 4		and Securitie		es Fo ally (D Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									С	ode V	,	Amount	(A) o (D)	r Pr	rice	Transact (Instr. 3 a	ion(s)			(1110411.4)
Common Stock													T		2,967,834			D		
Common Stock																1,000,000			I	Trustee <sup>(1)</sup>
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)	Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Ex		5. Number of Expiration Date Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					rity	Derivative Security (Instr. 5) Bene Own Follo Repo		s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)							
					Code	v	(A)	(D)	Date Exer	e rcisable		opiration	Title	Amo or Num of Shar	ber					
Option (right to buy)	\$5.31	06/08/2022			A		65,000			(2)	06	5/07/2032	Common Stock	65,0	000	\$0.00	65,000	0	D	

## **Explanation of Responses:**

- 1. Consists of 250,000 shares held by each of The Ariella Klausner Delaware Trust, The Eli Klausner Delaware Trust, The Isaac Klausner Delaware Trust, and The Olivia Klausner Delaware Trust. The Reporting Person is a trustee of each of the trusts and disclaims beneficial ownership of all shares held by the trusts except to any pecuniary interest therein.
- 2. The option shares shall vest on the earlier of (a) the date of the next annual meeting of the stockholders that occurs following June 8, 2022 (or the date immediately prior to such date if the Reporting Person's service as a director ends at such annual meeting due to the Reporting Person's failure to be reelected or the Reporting Person not standing for re-election); or (b) the first anniversary of June 8, 2022, subject to the Reporting Person providing continuous service through such date.

## Remarks:

/s/ Charles Newton, as Attorney-in-fact

06/10/2022

Date

\*\* Signature of Reporting Person

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.