FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSH

OMB APPROVAL									
OMB Number: 3235-0									
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* Lang Matthew				2. Issuer Name and Ticker or Trading Symbol Lyell Immunopharma, Inc. [LYEL]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify							
(Last)	,	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/09/2024							X	below)	pecity				
C/O LYELL IMMUNOPHARMA, INC.											-	6 Individual or Joint/Crown Filing (Charle A1:1-						
201 HASKINS WAY				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	''								
(Street) SOUTH SAN FRANICSCO CA 94080										X	X Form filed by One Reporting Person Form filed by More than One Reporting Person							
					Rule	Rule 10b5-1(c) Transaction Indication												
(City)	(\$	State)	(Zip)		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.													
		Та	ble I - Non	-Deriva	ative S	ecuritie	s Ac	quired, l	Disp	osed c	of, or E	Bene	ficially	Owned				
Date				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		(A) or 3, 4 and 5	Beneficia Owned F	s Form ally (D) o ollowing (I) (Ir		: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (C	A) or O)	Price	Reported Transaction(s) (Instr. 3 and 4)			[(Instr. 4)
Common Stock 0			02/09/	0/2024 ⁽¹⁾		Α		50,000 A		\$0.00	50,000			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Date Execution Da		nsaction de (Instr.	Derivative Securities Acquired or Dispo of (D) (In	Derivative E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s lly	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	de V	(A)		Date Exercisabl		xpiration ate	Title	OI N	mount r umber f Shares		(Instr. 4)			
Option (right to buy)	\$1.8	02/09/2024		Α		500,000		(2)	02	2/08/2034	Commo		00,000	\$0.00	500,00	00	D	

Explanation of Responses:

- 1. The reported transaction involved the Reporting Person's receipt of a grant of performance-based restricted stock units, subject to vesting upon the achievement of specified performance criteria. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- 2. 12.5% of the option shares shall vest on August 9, 2024, with the remaining option shares to vest in equal monthly installments over the following forty-two months.

Remarks:

/s/ Matthew Lang

02/13/2024

** 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.