## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL        |           |  |  |  |  |  |  |  |  |  |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-0287 |  |  |  |  |  |  |  |  |  |
| Estimated average b | urden     |  |  |  |  |  |  |  |  |  |
| haiina man mananan  | 0.5       |  |  |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Instruc   | tion 10.  |       |  |  |           |                              |  |          |                  |  |   |                      |   |  |   |  |  |   |  |                    |
|---|---|-------|--|--|-----------|------------------------------|--|----------|------------------|--|---|----------------------|---|--|---|--|--|---|--|--------------------|
| 1. Name and Address of Reporting Person* <u>AKKARAJU SRINIVAS</u> |   |       |  |  |           |                              | 2. Issuer Name <b>and</b> Ticker or Trading Symbol  VTV Therapeutics Inc. [ VTVT ] |          |                  |  |   |                      |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) |  |  |   |  |                    |
|   |   |       |  |  |           | 1                            |  |          |                  |  |   |                      |   |  | ✓ Director ✓ 10% Own  |  |  |   |  |                    |
| (Last) (First) (Middle) C/O VTV THERAPEUTICS INC.                 |   |       |  |  |           |                              | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2024                        |          |                  |  |   |                      |   |  | Officer (give title Other (specify below) below)                        |  |  |   |  |                    |
| 3980 PREMIER DRIVE, SUITE 310                                     |   |       |  |  |           |                              | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |          |                  |  |   |                      |   |  | 6. Individual or Joint/Group Filing (Check Applicable Line)             |  |  |   |  |                    |
| (Street)<br>HIGH POINT NC 27265                                   |   |       |  |  | _         |                              |  |          |                  |  |   |                      | Form filed by One Reporting Person  Form filed by More than One Reporting Person            |  |   |  |  |   |  |                    |
| (City)  |   | (Stat | te)  | (Zip)  |           |                              |  |          |                  |  |   |                      |   |  |   |  |  |   |  |                    |
|   |   |       | Tab  | le I - No                                    | n-Deri    | vativ                        | e Se   | curities | s Ac             | quired   | , Dis   | sposed c             | of, or Be   | neficial                               | ly Owned  | l  |  |   |  |                    |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day      |   |       |  |  | Execution |                              |  |          |                  | Disposed   | ies Acquired (A) or<br>Of (D) (Instr. 3, 4 an |                      | 5. Amount<br>Securities<br>Beneficiall<br>Owned Fol<br>Reported                             | у                                      | Form: [<br>(D) or li  | orm: Direct  |  | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |  |                    |
|   |   |       |  |  |           |                              |  |          |                  | Code   | v   | Amount               | (A) or<br>(D)   | Price                                  | Transactio<br>(Instr. 3 an  |  |  |   | (111511. 4)                                    | <u>'</u>           |
| Class A Common Stock 03/05/2                                      |   |       |  |  | 5/2024    | 2024                         |  |          | D <sup>(1)</sup> |  | 58,836  | D                    | (1)   | 206,784                                |   | I  |  | By<br>Samsar<br>BioCap<br>L.P. <sup>(2)</sup>         |  |                    |
|   |   |       | ٦  | Table II                                     |           |                              |  |          |                  | ,  |   | osed of,<br>converti |   | ,                                      | Owned   |  |  |   |  |                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)               | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | on [  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deem<br>Execution<br>if any<br>(Month/Da | Date,     | 4.<br>Transa<br>Code (<br>8) |  | on of    |                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |   | te                   | 7. Title and Amour<br>of Securities<br>Underlying<br>Derivative Securit<br>(Instr. 3 and 4) |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)                     | 9. Num<br>derivat<br>Securit<br>Benefic<br>Owned<br>Followi<br>Report<br>Transa<br>(Instr. 4 | ve es Form: ially Direct or Indii ng (I) (Institution(s) |   | (D) Beneficial<br>Ownership<br>rect (Instr. 4) |                    |
|   |   |       |  |  |           | Code                         | v  | (A)      | (D)              | Date<br>Exercisa   | able  | Expiration<br>Date   | Title   | Amount<br>or<br>Number<br>of<br>Shares |   |  |  |   |  |                    |
| Pre-<br>Funded<br>Warrants<br>(Right to                           | \$0.01  |       | 03/05/2024                                 |  |           | A <sup>(1)</sup>             |  | 58,885   |                  | (3)  |   | (3)                  | Class A<br>Common<br>Stock  | 58,885                                 | (1)   | 892  | ,578   | I   | Bio  | msara<br>oCapital, |

## **Explanation of Responses:**

- 1. On March 5, 2024, Samsara BioCapital, L.P. ("Samsara LP") entered into an Exchange Agreement with the Issuer pursuant to which Samsara LP exchanged, for no additional consideration, 58,836 shares of the Issuer's Class A Common Stock for pre-funded warrants exercisable for up to 58,885 shares of the Issuer's Class A Common Stock at an exercise price of \$0.01 per share.
- 2. These securities are held by Samsara LP. Samsara BioCapital GP, LLC ("Samsara LLC") is the general partner of Samsara LP and may be deemed to beneficially own the securities held by Samsara LP. The Reporting Person has voting and investment power over the securities held by Samsara LP. and, accordingly, may be deemed to beneficially own the securities held by Samsara LP. The Reporting Person disclaims beneficial ownership in these securities except to the extent of his pecuniary interest therein.
- 3. The Pre-Funded Warrants have no expiration date and are exercisable at any time after the date of issuance. A holder of Pre-Funded Warrants may not exercise the Pre-Funded Warrant if the holder, together with its affiliates, would beneficially own more than 9.99% of the number of shares of Class A Common Stock outstanding immediately after giving effect to such exercise.

12/06/2024

\*\* 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.