FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-02							
Estimated average burden							
houre per response:							

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Name and Address of Reporting Person* Palani Santhosh						2. Issuer Name and Ticker or Trading Symbol Acrivon Therapeutics, Inc. [ACRV]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
					-									X	Directo	r		10% Ov	vner
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024									Officer below)	(give title		Other (s below)	pecify
C/O ACI	RIVON TH	ERAPEUTICS,	INC.			If Amo	ndmont l	Data	of Original	Eilod	(Month/Do	ny/Voor)	- 6	Indiv	idual or	oint/Croup	Eiling	(Check Ap	olicable
480 ARS	SENAL WA	Y, SUITE 100			4. '	II AIIIC	ilument, i	Date	oi Originai	lieu	(IVIOITIII)/Da	ay/rear)		ine)	iuuai oi a	olili/Group	rillig	(Check Ap	pilicable
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					.									X Form filed by One Reporting Person					
(Street) WATERTOWN MA 02472													Form filed by More than One Reporting Person						
WAIEK	IOWN IV.	IA	02472			Rule 10b5-1(c) Transaction Indication													
(City)	/9	tate)	(Zip)		1'	Traile 1000-1(0) Trailbaction mulcation													
(Oity)	(0	itate)	(Zip)		Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute of the conditions of Rule 10b5-1(c).														
		Tak	ole I - Non	-Deriv	/ativ	e Se	curities	s Ac	quired,	Dis	posed c	f, or Be	neficia	ally (Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					2A. Deemo Execution Day/Year) if any (Month/Da			Code (I	Transaction Disposed Of (D) (Instr. 3, 4)		ed (A) or str. 3, 4 ar	4 and Securitie Beneficia Owned F		s Form ally (D) o following (I) (In		m: Direct cor Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or Pi		,	Reported Transact (Instr. 3 a	nsaction(s) tr. 3 and 4)			(Instr. 4)
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemec Execution I if any (Month/Day	Date,	l. Fransaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Do	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amoun or Numbe of Shares	r					
Stock Option (Right to Buy)	\$5.05	03/04/2024			A		32,500		(1)	C	03/03/2034	Common Stock	32,50	0	\$0	32,500)	D	

Explanation of Responses:

1. The shares subject to the option shall vest in 36 substantially equal monthly installments beginning on March 4, 2024 ("Vesting Commencement Date"), such that all shares are fully vested on the third anniversary of the Vesting Commencement Date, in each case subject to the Reporting Person's continuous service through each such vesting date.

/s/ Rasmus Holm-Jorgensen,

Attorney-in-Fact

03/06/2024

** 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.