| SEC For  |   |  |  |         |                              |  |  |        |   |                          |   |  |  |   |   |   |  |  |  |  |
|--|---|--|--|---------|------------------------------|--|--|--------|---|--------------------------|---|--|--|---|---|---|--|--|--|--|
| FORM 4 UNITED STA  |   |  |  |         | TES                          | TES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |  |        |   |                          |   |  |  |   |   |   | OMB APPROVAL   |  |  |  |
| Check this box if no longer subject to<br>Section 16. Form 4 or Form 5<br>obligations may continue. See<br>Instruction 1(b). |   |  |  |         | ed pur                       | suant t  | o Section  | n 16(a | a) of the Secu  | irities Exc              |   |  |  |   | verage burder   | 0.5   |  |  |  |  |
| 1. Name and Address of Reporting Person <sup>*</sup><br>DiRocco Derek  |   |  |  |         |                              |  |  |        | ker or Tradin<br>eutics, In                               |                          | (Ch   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |  |   |   |   |  |  |  |  |
|  | C/O ACRIVON THERAPEUTICS, INC.  |  |  |         |                              | 3. Date of Earliest Transaction (Month/Day/Year)<br>11/14/2022   |  |        |   |                          |   |  |  |   | Officer (give title Other (specify below) below)  |   |  |  |  |  |
| (Street)   | 480 ARSENAL WAY, SUITE 100<br>(Street)<br>WATERTOWN MA 02472          |  |  |         | 4.1                          | Line)<br>X Form filed  |  |        |   |                          |   |  |  |   | led by One  | int/Group Filing (Check Applicable<br>d by One Reporting Person<br>d by More than One Reporting |  |  |  |  |
| (City) (State) (Zip)   |   |  |  |         | -                            |  |  |        |   |                          |   |  |  |   | Person  |   |  |  |  |  |
|  |   | Tab  | ole I - Nor                                    | n-Deriv | ativ                         | e Sec  | curities   | s Ac   | quired, D   | ispose                   | d of  | , or Ber   | neficial                               | y Owned   |   |   |  |  |  |  |
| 1. Title of Security (Instr. 3) 2. Transa<br>Date<br>(Month/D  |   |  |  |         |                              | ear) i   | 2A. Deemed<br>Execution Date<br>f any<br>Month/Day/Yea   |        | Code (Ins   | on Disposed Of<br>tr. 5) |   | ties Acquired (A) or<br>I Of (D) (Instr. 3, 4 a  |  | Beneficia<br>Owned F                                | s<br>ally<br>ollowing   | Form<br>(D) o   | n: Direct<br>or Indirect I<br>nstr. 4)                                   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |  |
|  |   |  |  |         |                              | Code V   |  |        | (A) or<br>(D)   |                          |   | Price  | Reported<br>Transact<br>(Instr. 3 a    | tion(s)   |   |   |  |  |  |  |
|  |   | •  |  |         |                              |  |  |        | uired, Dis<br>s, options                                  |                          |   |  |  | Owned   |   |   |  |  |  |  |
|  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date,   | 4.<br>Transa<br>Code (<br>8) |  | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D) (Instr.<br>3, 4 and 5) |        | 6. Date Exercisabl<br>Expiration Date<br>(Month/Day/Year) |                          | e and<br>7. Title and An<br>of Securities<br>Underlying<br>Derivative Sec<br>(Instr. 3 and 4) |  | es<br>J<br>Security                    | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numbe<br>derivative<br>Securities<br>Beneficia<br>Owned<br>Following<br>Reported<br>Transactii<br>(Instr. 4) | s<br>Ily<br>J   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |  |  | c       | Code                         | v  | (A)  | (D)    | Date<br>Exercisable                                       | Expirat<br>Date          |   | Title  | Amount<br>or<br>Number<br>of<br>Shares |   |   |   |  |  |  |  |
| Stock<br>Option<br>(Right to<br>Buy)   | \$12.5  | 11/14/2022                                 |  |         | A                            |  | 35,235   |        | (1)   | 11/13/2                  | 032   | Common<br>Stock  | 35,235                                 | \$0.00  | 35,23   | 5   | D <sup>(2)</sup>   |  |  |  |

## Explanation of Responses:

1. The shares subject to the option shall vest in 36 equal monthly installments starting on October 12, 2022 ("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.

2. Under the Reporting Person's arrangement with RA Capital Management, L.P. (the "Adviser"), the Reporting Person holds the stock option for the benefit of RA Capital Healthcare Fund, L.P. (the "Fund") and RA Capital Nexus Fund II, L.P. (the "Nexus Fund II"). The Reporting Person is obligated to turn over to the Adviser any net cash or stock received upon exercise of the stock option, which will offset advisory fees owed by the Fund and the Nexus Fund II. The Reporting Person therefore disclaims beneficial ownership of the stock option and underlying Common Stock.

## Remarks:

## /s/ Rasmus Holm-Jorgensen,

Attorney-in-Fact \*\* Signature of Reporting Person Date

11/16/2022

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  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.