

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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 Instruction 10.

1. Name and Address of Reporting Person* <u>Blume-Jensen Peter</u> <hr/> (Last) (First) (Middle) C/O ACRIVON THERAPEUTICS, INC. 480 ARSENAL WAY, SUITE 100 <hr/> (Street) WATERTOWN MA 02472 <hr/> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Acrivon Therapeutics, Inc. [ACRV]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) President and CEO
	3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	08/21/2024		F ⁽¹⁾		79,616	D	\$9.19	2,422,513	D ⁽²⁾	
Common Stock								317,246	I	See Footnote ⁽³⁾

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. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction 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)	8. Price of Derivative Security (Instr. 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		Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*
Blume-Jensen Peter

 (Last) (First) (Middle)
 C/O ACRIVON THERAPEUTICS, INC.
 480 ARSENAL WAY, SUITE 100

 (Street)
 WATERTOWN MA 02472

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Masson Kristina

 (Last) (First) (Middle)
 C/O ACRIVON THERAPEUTICS, INC.
 480 ARSENAL WAY, SUITE 100

 (Street)
 WATERTOWN MA 02472

 (City) (State) (Zip)

Explanation of Responses:

1. Shares withheld by the Issuer to satisfy the mandatory tax withholding requirement upon vesting of restricted stock units.
2. These securities are held by President and CEO, Dr. Peter Blume-Jensen, who is also Dr. Kristina Masson's spouse. Dr. Masson disclaims beneficial ownership of such securities except to the extent of her pecuniary interest therein.
3. These securities are held by co-founder and EVP, Dr. Kristina Masson, who is also Dr. Blume-Jensen's spouse. Dr. Blume-Jensen disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.

/s/ Rasmus Holm-Jorgensen,
Attorney-in-Fact for Peter 08/23/2024
Blume-Jensen

/s/ Rasmus Holm-Jorgensen,
Attorney-in-Fact for Kristina 08/23/2024
Masson

** 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.