FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasilington,	D.C.	20040

STATEMENT	OF CI	HANGES	IN BEN	NEFICIAL	OWNER	SHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response.	0.5								

Check this box if no longer subject to 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* Eastling Thomas Wilson				<u>C</u>	2. Issuer Name and Ticker or Trading Symbol GYRE THERAPEUTICS, INC. [GYRE]						(Ch	5. Relationship of Reportin (Check all applicable) X Director			10% Ov	ner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/31/2023							Officer below)	(give title		Other (s below)	specify	
C/O GYRE THERAPEUTICS, INC.				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
12730 HIGH BLUFF DRIVE, SUITE 250				_								X Form filed by One Reporting Person					
(Street) SAN DII	EGO C	A	92130										Form fi Person	ed by Mor	e than	One Repor	ting
-				— F	Rule 10b5-1(c) Transaction Indication												
(City) (State) (Zip)				l۲	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.												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transa			ransactio	action 2A. Deemed 3.		3.	3. 4. Securities Acquired (A) or			ed (A) or	or 5. Amount of			7. Nature of			
Date (Month/D					Execution Date, if any (Month/Day/Year		Code (In	Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 7) 8)		str. 3, 4 and	Beneficia Owned F	ally (D) or ollowing (I) (In	r Indirect E	Indirect Beneficial Ownership			
							Code	,	Amount	nt (A) or Pi		Reported Transacti (Instr. 3 a	ion(s)		(In	(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)	rivative Conversion Date Execution Date, Tracturity or Exercise (Month/Day/Year) if any		Transa Code (ction Derivative		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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Stock Option (Right to Buy)	\$6.93	10/31/2023		A		314,652		(1)	10	0/31/2033	Common Stock	314,652	\$0	314,65	52	D	
Stock Option (Right to Buy)	\$6.93	10/31/2023		A		1,866		(2)	10	0/31/2033	Common Stock	1,866	\$0	1,866	5	D	

Explanation of Responses:

- 1. These options are vested in full.
- 2. These options vest as to one-third on each of the first, second and third anniversaries of October 31, 2023, subject to the Reporting Person's continued service to the Issuer through each vesting date.

/s/ Ruoyu Chen, as attorney-infact for Thomas Eastling

<u>11/01/2023</u>

** 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.