FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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ington,	D.C.	2054	9					

	OMB APPROVAL										
I	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response:	0.5									

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

## 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

Name and Address of Reporting Person*     Ye Weiguo					2. Issuer Name and Ticker or Trading Symbol GYRE THERAPEUTICS, INC. [ GYRE ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
						2 Data of Farlingt Transportion (Month/Day/Mont)							Officer (g	ive title		Other (sp	ecify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/20/2023							X Officer (give title Officer (specify below)					
C/O GYI	L	Chief Operating Officer																
12770 HIGH BLUFF DRIVE, SUITE 150						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street)					Form filed by More than One Reporting Person											g Person		
SAN DIEGO CA 92130						Rule 10b5-1(c) Transaction Indication												
(City)	(5	State)	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																		
Date					2A. Deemed Execution Date if any (Month/Day/Ye		te, Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owne Following		Form:	Direct Indirect Etr. 4)	. Nature of ndirect Beneficial Ownership			
								Code	v	Amount	mount (A) or (D)		Reported Transaction(s) (Instr. 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. 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 Exercisal Expiration Date (Month/Day/Year)			7. Title an	d Amount of Underlying Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact	re es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable		iration e	Title	Amount or Number of Shares		(Instr. 4)				
Stock Option (Right to Buy)	<b>\$</b> 0.75 <sup>(1)</sup>	11/20/2023		A		1,665,115		(1)(2)	10/3	31/2030 <sup>(1)</sup>	Common Stock	1,665,115	\$0	1,665,	,115	D		

## **Explanation of Responses:**

1. Beijing Continent Pharmaceuticals Co., Ltd, a company organized under the laws of the People's Republic of China ("Beijing Continent"), terminated its 2021 Stock Incentive Plan (the "2021 Plan") and each option (a "BC Option") to purchase common shares of Beijing Continent outstanding under the 2021 Plan was terminated and replaced with options granted pursuant to a sub-plan for Chinese participants under the Issuer's 2023 Omnibus Incentive Plan that are substantially similar in all material respects to the BC Options previously outstanding under the 2021 Plan.

2. These options are vested in full.

/s/ Ruoyu Chen, as attorney-infact for Weiguo Ye

11/22/2023

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.