FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

s box if no longer subject to	
6. Form 4 or Form 5	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this 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

CONSHOHOCKEN PA

Kiselak Tomas

(State)

(First)

1. Name and Address of Reporting Person*

(City)

(Last)

19428

(Zip)

(Middle)

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

intende defens	ies of the issue ed to satisfy the e conditions of ee Instruction 1	affirmative Rule 10b5-																		
						2. Issuer Name and Ticker or Trading Symbol <u>Dianthus Therapeutics, Inc. /DE/</u> [DNTH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
· · · · · · · · · · · · · · · · · · ·						3. Date of Earliest Transaction (Month/Day/Year) 09/27/2024								Officer (give title Other (specify below)						
(Street) WEST CONSHOHOCKEN PA 19428					4. If	 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person 														
(City)	(Sta		Zip)																	
4 T:41a af	Caarreiter (Imae		I - No	on-Deriva		_	curities . Deemed	Acc	quirec	l, Di	sposed of 4. Securities				ly Own		6 0	nership	7. Nature of	-
1. Title of	Security (Inst	tr. 3)		Date (Month/Day/		Ex if a	ecution Da	,	Transa Code (8)		Disposed Of 5)				Securitie Beneficia Owned F Reported	s Illy ollowing	Form:	Direct Indirect	Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Pric	е	Transacti (Instr. 3 a	ion(s)			(•)	
Common Stock 09/27/2				09/27/20)24			J ⁽¹⁾		62,146	D	\$0	.00	0		I F		By Fairmount SPV III, LLC ⁽²⁾		
Common Stock												2,700,691		I		By Fairmount Healthcare Fund II L.P. ⁽²⁾				
		Tal	ble II								oosed of, convertib				/ Owne	d				٦
1. Title of Derivative Security (Instr. 3) 2. Conversic or Exercis Price of Derivative Security		3. Transaction Date (Month/Day/Year)	if any		4. Transacti Code (Ins 8)		5. Number		1		cisable and	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8 5	s. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	ee Owners es Form: Direct (I) or Indirect dition(s)		Benefici Ownersh ect (Instr. 4)	t I
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	er						
		Reporting Person*s Managemer		<u> </u>																
(Last) 200 BAI SUITE 4	RR HARBO	(First) PR DRIVE	(M	liddle)		- _														
(Street) WEST		D.		0.420																

200 BARR SUITE 400	HARBOR DRIVE		
(Street) WEST CONSHOH	IOCKEN ^{PA}	19428	
(City)	(State)	(Zip)	

Explanation of Responses:

- 1. Represents a pro rata distribution, and not a purchase or sale, without additional consideration by Fairmount SPV III, LLC ("Fairmount SPV") to its membership interest investors.
- 2. Fairmount Funds Management LLC ("Fairmount") is the investment manager for Fairmount Healthcare Fund II L.P. ("Fund II") and the Class A Member for Fairmount SPV. The general partner of Fairmount is Fairmount Funds Management GP LLC ("Fairmount GP"), of which Peter Harwin and Tomas Kiselak are the managing members. Fairmount, Fairmount GP, Mr. Harwin, and Mr. Kiselak disclaim beneficial ownership of any of the reported securities, except to the extent of their pecuniary interest therein.

Remarks

Fairmount, Fund II and Fairmount SPV III, LLC may each be deemed a director by deputization of the Issuer by virtue of the fact that Tomas Kiselak serves on the board of directors of the Issuer and is a Managing Member of Fairmount.

/s/ Tomas Kiselak, Managing

Member of Fairmount Funds 10/01/2024

Management LLC

<u>/s/ Tomas Kiselak</u> <u>10/01/2024</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.