SEC Form 4	
------------	--

 $\Box$ 

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 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).

## 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

1. Name and Address of Reporting Person <sup>*</sup> Goswami Trishna (Last) (First) (Middle)							2. Issuer Name and Ticker or Trading Symbol <u>IN8BIO, INC.</u> [ INAB ]     3. Date of Earliest Transaction (Month/Day/Year)     12/13/2023										of Reporting Per icable) or r (give title )		10% O Other ( below)	ner		
C/O IN8BIO, INC.							14/13/4043										Chief Medical Officer					
350 5TH AVE. SUITE 5330							4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person Form filed by More than One Reporting								
NEW YORK NY 10118														Person								
(City) (State) (Zip)							Rule 10b5-1(c) Transaction Indication															
	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.														ed to							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
1. Title of Security (Instr. 3) Date (Month/Date)						ction 2A. Deemed Execution I				3. Transad Code (I 8)		Dispose	rities Acquired (A) or d Of (D) (Instr. 3, 4 a			Benefic Owned	es ally Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership		
									ľ	Code	v	Amount	unt (A) or P		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 12/13/						/2023			Î	Α		4,09	98 A		(1)	6,	6,729		D			
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)	ivative Conversion Date urity or Exercise (Month/Day/Y		3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Inst 8)					Date Exe piration onth/Day	Date		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4)	e S Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		xpiration ate	Title	or Nu of	umber							
Series A Warrants (right to buy)	\$1.25	12/13/2023			Α		4,098			(2)	C	6/13/2025	Common Stock	<sup>1</sup> 4	l,098	(1)	4,098	3	D			
Series B Warrants (right to buy)	\$1.5	12/13/2023			A		4,098			(2)	1	2/13/2028	Common Stock	4	,098	(1)	4,098	3	D			

Explanation of Responses:

1. The reported securities are included within 4,098 Issuer Units purchased by the Reporting Person for \$1.22 per Unit. Each Unit consists of one share of common stock, one Series A warrant and one Series B warrant, each warrant represents the right to purchase 4,098 shares of common stock.

2. Fully vested and exercisable.

Remarks:

/s/ Jason Minio, Attorney-in-12/15/2023 Fact Date

\*\* Signature of Reporting Person

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.