FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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* McCall Patrick | | | | | 2. Issuer Name and Ticker or Trading Symbol IN8BIO, INC. [INAB] | | | | | | | | | k all applic Directo | able) r (give title | g Pers | 10% Ow Other (s below) | ner |
|--|--|------------|--|---------------------------------------|---|--------|-----------------|---------------------|--|------------------|---|--|-------------------------|-----------------------------------|---|--------|--|---------------------------------------|
| C/O IN8BIO, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/29/2021 | | | | | | | | , | Chief Financial | | , | | |
| 79 MADISON AVENUE | | | | | 4. If Amendment, Date of Original Filed (Month/Dov/Veer) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) NEW YORK NY 10016 | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | Person | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | 2. Transaction Date (Month/Day/ | Execution Date, | | Code (Instr. 5) | | | | Securitie Beneficia | 5. Amount of Securities Beneficially Dwned Following | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | V | Amount | (A) or (D) | (A) or (D) Price | | Transact (Instr. 3 a | tion(s) | | | | |
| | 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. Transactic Date (Month/Day/ | | | 3A. Deemed Execution Da if any (Month/Day/Y | Code | ransaction of Deriva) Secur Acqui (A) or Dispo of (D) | | of Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | [5 | | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | oer | | | | | |
| Employee Stock Option (right to buy) | \$10 | 07/29/2021 | | A | | 40,000 | | (1) | 0 | 7/29/2031 | Common Stock | 40,0 | 00 | \$0.00 | 40,000 |) | D | |

Explanation of Responses:

1. One forty-eighth (1/48th) of the shares subject to the option shall vest in equal monthly installments commencing on August 29, 2021, subject to the Reporting Person continuing to provide service through each such date.

Remarks:

/s/ Jason Minio, Attorney-in-

Fact

** Signature of Reporting Person

Date

08/02/2021

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.