FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
vvasimigton,	D.O.	20070

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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Estimated average burden									
hours ner resnonse.	0.5								

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* <u>Anish Bhatnagar</u>						2. Issuer Name and Ticker or Trading Symbol SOLENO THERAPEUTICS INC [SLNO]								(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 203 REDWOOD SHORES PKWY, STE 500					3. Date of Earliest Transaction (Month/Day/Year) 10/20/2023														er (specify ow) er		
(Street) REDWO	OOD C.	A	94065		4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	Individual or Joint/Group Filing (Check Applicane) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication															
												ction was r				tract, instruction 10.	on or written	plan t	that is intende	ed to	
		Tab	le I - No	n-Deriv	ative	Se	curiti	ies Ad	cquire	d, D	isp	osed c	of, or	Ben	eficial	ly Owned	i				
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		r, Transaction Disposed (Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
								Cod	ie V		Amount	mount (A) or (D)		Price	Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	Stock			10/20)/2023	/2023		M			4,000		A	\$4.5	193,283 ⁽¹⁾			D			
Common Stock 10/			10/20)/2023	/2023		M			2,143		A	\$1.7	5 195,426 ⁽¹⁾			D				
Common Stock 10/20/				0/2023	/2023 M 3,500 A		\$2.5	5 198,926 ⁽¹⁾			D										
		7										sed of				Owned					
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Tecurity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date Amount of Securities Underlying Derivative (Instr. 3 an			unt of rities rlying rative S		8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Ex Da	opiration ate	Title		Amount or Number of Shares						
Warrants (right to buy)	\$4.5	10/20/2023			М			4,000	03/31/2	2022	03	3/31/2027	Comi		4,000	\$0.00	0		D		
Warrants (right to buy)	\$1.75	10/20/2023			М			2,143	05/08/2	2023		(2)	Comi		2,143	\$0.4425	0		D		
Warrants (right to	\$2.5	10/20/2023			M			3,500	05/08/2	2023		(3)	Com		3,500	\$0.4425	0		D		

Explanation of Responses:

- 1. The number of shares reported as beneficially owned following the reported transaction is as of October 20, 2023.
- 2. The Warrants expire upon the earlier of (i) 30 days following announcement of positive top-line data from the randomized withdrawal period of Study C602, an open-label extension study pertaining to Diazoxide Choline Extended-Release tablets (DCCR) for the treatment of Prader-Willi syndrome (PWS), or (ii) November 8, 2026.
- 3. The Warrants expire upon the earlier of (i) 30 days following receipt of U.S. Food and Drug Administration approval of DCCR for the treatment of PWS or (ii) November 8, 2026.

Remarks:

/s/ Anish Bhatnagar

12/13/2023

** 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.