FORM 4

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

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<i>N</i> ashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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* $\underline{Melincoff\ Gwen\ A}$					2. Issuer Name and Ticker or Trading Symbol SOLENO THERAPEUTICS INC [ SLNO ]							] (Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner						
(Last)	,	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023								Officer below)	(give title		Other (specifically below)	pecify		
203 REDWOOD SHORES PKWY, STE 500					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) REDWO	OOD CA	A	94065										X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Si	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								on or written	plan th	nat is intende	d to		
		Tab	le I - Non-l	Deriva	ative S	Sec	urities	Ac	quired, D	ispo	osed o	f, or Be	neficial	ly Owned	ı				
1. Title of Security (Instr. 3)  2. Transar Date (Month/Date)			Execution Date,		Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		Benefici Owned F	es ally Following	Form (D) or	n: Direct or Indirect Enstr. 4)	7. Nature of Indirect Beneficial Ownership						
						Code V Amount (A) or (D)					Price	Transac	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 Execution Date, (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)		5. Number of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				c	code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amount or Number of Shares						
Stock option (right to buy)	\$5.03	05/25/2023			A		2,666		(1)	05/2	25/2033	Common Stock	2,666	\$0.00	2,666		D		
Stock option (right to buy)	\$5.25	05/26/2023			A		10,000		(2)	05/2	26/2033	Common Stock	10,000	\$0.00	10,000		D		

## **Explanation of Responses:**

- 1. The shares subject to the Option shall vest on the earlier of the twelve-month anniversary of May 25, 2023 or the day before the next annual stockholder meeting, subject to the Reporting Person continuing to be a Service Provider through such date.
- 2. The shares subject to the Option shall vest on November 26, 2023, subject to the Reporting Person continuing to be a Service Provider through such date.

## Remarks:

/s/ Anish Bhatnagar, Attorney-

05/26/2023

in-Fact

\*\* 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.