FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

9	OMB APPROVAL

- 1	OMB/WITTOWAL										
	OMB Number:	3235-0287									
	Estimated average burden										
- 1	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*  Anish Bhatnagar				2. Issuer Name and Ticker or Trading Symbol SOLENO THERAPEUTICS INC [ SLNO ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
AIIISII I	<u> Mauiagai</u>	-		- 1	Service in the servic						X	Director		10% Ov	/ner	
(14)	/=	:A	/M:-I-II-)								X	Officer (g	give title	Other (s	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)							See Remarks				
203 REDWOOD SHORES PKWY, STE 500				10	01/08/2021							See Itemania				
(Street)																
REDWO	OD		0.40.65	4	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi	6. Individual or Joint/Group Filing (Check Applicable Line)				
CITY CA 94065											X	X Form filed by One Reporting Person				
,												Form file	d by More th	an One Report	ng Person	
(City)	(S	State)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
				. Transact						5. Amount of			7. Nature of			
Date (Month/D					Day/Year) Execution Date		,	ear) Code (Instr. 8)		ed Of (D) (In:	d Of (D) (Instr. 3, 4 and 5)		Beneficially (D)		direct eneficial	
					(Month/Day/Year					.	Reported	• ["		Ownership (Instr. 4)		
								Code V	Amount	(A) (D)	Price	Transactio (Instr. 3 an				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(е	.g., pu	ts, ca	lls, warr	ants	, options	, convert	ible seci	ırities)					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deemed Execution Date.	4. Transa	ction			6. Date Exercisable and Fxpiration Date 7. Title and Am Securities Und				9. Number of derivative	of 10. Ownership	11. Nature of Indirect		
Security or Exercise (Month/Day/Year) if any			Code (		Securities Acquired (A)		(Month/Day/Year) Derivative Secur			Security	Security (Instr. 5)	Securities Beneficially	Form:	Beneficial Ownership		
(IIISu. 3)	Derivative Security		(Month/Day/Tear)	' °'	or Disposed of (D) (Instr. 3, 4 and 5)					iu 4)	(IIISII. 5)	Owned Following	or Indirect	(Instr. 4)		
	Security						5, 4						Reported Transaction(s)	['''		
								Date	Expiration		Amount or Number of	]	(Instr. 4)	1(5)		
				Code	v	(A)	(D)	Exercisable	Date	Title	Shares					
Employee stock																
option	\$2.24	01/08/2021		Α		2,100,000		(1)	01/08/2031	Common Stock	2,100,000	\$0.00	4,097,098	B D		
(right to buy)																

## **Explanation of Responses:**

1. Twelve and one-half percent (12.5%) of the shares subject to the Option shall vest upon the date following the acceptance by the US FDA of an NDA submission for DCCR, twelve and one-half percent (12.5%) of the shares subject to the Option shall vest upon the submission by the Company to the European Medicines Agency European of an MAA for DCCR, and one forty-eighth (1/48th) of the remaining shares subject to the Option shall vest each month anniversary of January 8, 2021 (the "Vesting Commencement Date") on the same day of the month as the Vesting Commencement Date, subject to Participant continuing to be a Service Provider (as defined in the Plan) through each such date.

## Remarks:

President and Chief Executive Officer

/s/ Anish Bhatnagar 01/12/2021

\*\* 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.