Instruction 1(b)

FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 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*  MARIO ERNEST						2. Issuer Name and Ticker or Trading Symbol SOLENO THERAPEUTICS INC [ SLNO ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner					
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/06/2024									er (give title	е		(specify		
203 REDWOOD SHORES PKWY, STE 500						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)  REDWOOD CITY  CA  94062														i filed by M		porting Per an One Rep	- 1		
					Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						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.												ended to	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Execution D			Transaction Dis		Disposed O	Securities Acquired (A) sposed Of (D) (Instr. 3,				Form (D) or	: Direct   I r Indirect   I str. 4)	7. Nature of ndirect Beneficial Dwnership	
									Code	v	Amount	(A) o (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			Instr. 4)	
Common Stock 06/06/20					2024	)24			A		6,500(1)	A	\$0	193	193,066(2)		D		
Common Stock													21	21,789		1 1	See footnote <sup>(3)</sup>		
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 (Month/Day/Year)	if any	eemed tion Date, h/Day/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	e V (A) (D)		Date Expiration Exercisable Date		Title	Amount or Number of Shares									

## **Explanation of Responses:**

- 1. These securities are restricted stock units ("RSUs"). Each RSU represents a contingent right to receive one share of Common Stock. The RSUs shall vest on the earlier of the twelve-month anniversary of June 6, 2024 or the day before the next annual stockholder meeting, subject to the Reporting Person continuing to be a Service Provider through such date.
- 2. Certain of these securities are RSUs. Each RSU represents a contingent right to receive one share of Common Stock, subject to the applicable vesting schedule and conditions of each RSU.
- 3. The shares are held by Mildred Mario Nonexempt Trust, of which the Reporting Person is a co-trustee.

/s/ Anish Bhatnagar, Attorney- 06/10/2024 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.