(Street)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

0.5

hours per response:

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(b) of the Investment Company Act of 1940

					or Se	ctio	n 30(f	n) of the	e Investr	nent C	Company Act	of 1940								
1. Name and Address of Reporting Person* PERCEPTIVE ADVISORS LLC					2. Issuer Name and Ticker or Trading Symbol SOLENO THERAPEUTICS INC [SLNO] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner											ner				
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023									Officer (give title Other (specify below)						
,	JKTLACE	, 10111 PLOOK			4. If A	\me	endme	nt, Dat	e of Orig	inal F	iled (Month/D	ay/Year		6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YORK NY 10003					Line) Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication																
					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.															
		Table	I - N	Ion-Derivat	tive S	Sec	uriti	es Ac	quire	d, Di	sposed o	f, or E	Benefic	ally Ow	ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Executio		ution I	Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5)			5. Amou Securition Benefici Owned Followin	es ally	Form: (D) or Indire			7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)	, ,		,			
Common	Stock			05/19/202	23				P		25,200	A	\$4.62(1	1,88	1,889,655		I		See footnotes ⁽⁴⁾	
Common Stock 0				05/22/202	23				P		27,300	A	\$5.12(2	1,91	1,916,955		5 I		See footnotes ⁽⁴⁾	
Common Stock 05/23/2023				.3		P		27,500	A	\$5.45(3	1,944,455		I		See footnotes ⁽⁴⁾					
		Tab	le I	I - Derivativ											ed					
1. Title of	2.	3. Transaction	24	(e.g., pu	-	IIIS					convertib	_		8. Price of	9. Numb		10.		11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	Exe if a	cution Date,	Code (Instr. of (Month/Day		Date Amount of		int of ities rlying ative ity	Security (Instr. 5) Benefic of Security (Instr. 5) Benefic Owned Followin Report Transar (Instr. 4)		ive Owners ties Form: Cially Direct (or Indir ing ed ction(s)		ship of Indirect Beneficial (D) Ownership rect (Instr. 4)						
					Code		, ,	v) (D)	Date	sicable	Expiration Date	Title	Amount or Number of							
					Code	\ -	/ (A	A) (D)	Exerc	cisable	Date	Title	Shares							
		f Reporting Person' ADVISORS I		2																
(Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR																				
(0: 1)						-														
(Street) NEW Y	ORK	NY		10003																
(City)		(State)		(Zip)																
1. Name and Address of Reporting Person* PERCEPTIVE LIFE SCIENCES MASTER FUND LTD																				
(Last)		(First)	((Middle)																

NEW YORK	NY	10003							
(City)	(State)	(Zip)							
1. Name and Address of Reporting Person* <u>EDELMAN JOSEPH</u>									
(Last) 51 ASTOR PLAC	(First) E, 10TH FLOOR	(Middle)							
(Street) NEW YORK	NY	10003							
(City)	(State)	(Zip)							

Explanation of Responses:

- 1. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$4.50 to \$4.84, inclusive. The Reporting Persons undertake to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges of the prices reported.
- 2. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.00 to \$5.161, inclusive. The Reporting Persons undertake to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges of the prices reported.
- 3. The price reported is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$5.396 to \$5.4739, inclusive. The Reporting Persons undertake to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges of the prices reported.
- 4. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund"). Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

Remarks:

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.