FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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

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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>Yen Kristen</u>					2. Issuer Name and Ticker or Trading Symbol SOLENO THERAPEUTICS INC [SLNO]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director						
(Last) 203 RED	(Fir	st) (M	Middle) STE 50	10		3. Date of Earliest Transaction (Month/Day/Year) 07/17/2024									Officer (give title Other (specify below) SEE REMARKS					
(Street) REDWOOD CA 94065				4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(St	ate) (Z	Z ip)		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.									nded to						
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	eficia	ally Own	ed				
Date			2. Transac Date (Month/Da	Executi ay/Year) if any		ution Date,				es Acquired (A) Of (D) (Instr. 3, 4			Benefic Owned	ies cially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A)) or)	Price	Transa	ransaction(s) nstr. 3 and 4)			(Instr. 4)	
Common Stock 0			07/17/2	/2024				A		85,000(1) A \$		\$0	0 106,252(2)) D				
	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	med on Date, Day/Year)	4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative prities priced r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y D (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Date Exercis	able	Expiration Date	Title	or	ount nber ires								

Explanation of Responses:

- 1. These securities are restricted stock units (RSUs). Each RSU represents a contingent right to receive one share of Common Stock. 25% of the RSUs subject to the award shall vest on August 1, 2024, 25% of the RSUs subject to the award shall vest on the date that the U.S. Food and Drug Administration (FDA) accepts the Company's New Drug Application (NDA) for DCCR, and 50% of the RSUs subject to the award shall vest on the date that the FDA approves the Company's NDA for DCCR (the NDA Approval Date), subject to the Reporting Person continuing as a service provider through each 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.

Remarks:

Officer title: Senior Vice President, Clinical Operations

/s/ Anish Bhatnagar, Attorney- 07/19/2024 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.