SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0104 OMB Number:

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

			01 56		tille investment Company	ACI 01 1940				
1. Name and Address of Reporting Person [*] <u>SR One Capital Fund I</u> Aggregator I P			Requirin	g Statement Day/Year)	3. Issuer Name and Ticker or Trading Symbol <u>Design Therapeutics, Inc.</u> [DSGN]					
Aggregator LP (Last) (First) (Middle) 985 OLD EAGLE SCHOOL ROAD,			_	.021	4. Relationship of Repo Issuer (Check all applicable) Director	X 10% C	wner (specify	5. If Amendment, Date of Original Filed (Month/Day/Year) 03/25/2021		
SUITE 511					Officer (give title below)	Other (below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) WAYNE	РА	19087						ľ	Form filed by One Reporting Person X Form filed by More than One Reporting Person	
(City)	(State)	(Zip)								
			Table I - N	on-Deriva	tive Securities Ben	eficially O	vned			
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Ins 4)		oirect direct		ture of Indiree ership (Instr. §	
		(e			e Securities Benefi ants, options, conve					
		2. Date Exer Expiration D (Month/Day/	ate	3. Title and Amount of Securitie Underlying Derivative Security (Instr. 4)		4. Convei or Exei Price o	rcise	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security				
Series A Preferred Stock ⁽¹⁾			(2)	(2)	Common Stock	4,439,839	(2)		D ⁽³⁾	
Series B Preferred Stock ⁽¹⁾			(2)	(2)	Common Stock	936,637	(2)		D ⁽³⁾	
		eporting Person und I Aggre		_						
(Last) 985 OLD F	(First) EAGLE SCI	(HOOL ROAI	(Middle) D, SUITE 51	L						
(Street) WAYNE	PA	:	19087							
(City)	(State) ((Zip)							
		eporting Person								
(Last) 985 OLD F	(First) EAGLE SCH	(HOOL ROAI	(Middle) D, SUITE 51							
(Street) WAYNE	PA		19087	_						
(City)	(State) ((Zip)	_						
		eporting Person								

<u>LLC</u>		
(Last)	(First)	(Middle)
985 OLD EA	GLE SCHOOL	ROAD, SUITE 511
(Street)		
WAYNE	PA	19087
(City)	(State)	(Zip)

Explanation of Responses:

1. This amendment is being filed to add SR One Capital Partners I, LP and SR One Capital Management, LLC as joint filers to the Form 3 filed by SR One Capital Fund I Aggregator, LP on March 25, 2021.

2. All outstanding shares of Preferred Stock will automatically convert into shares of Common Stock at a rate of 1 share of Common Stock for each 1.63 shares of Preferred Stock, based on the conversion price currently in effect, at the Reporting Person's election and automatically upon the closing of the initial public offering of Design Therapeutics, Inc. (the "Issuer"). The Preferred Stock has no expiration date.

3. The reported securities are held directly by SR One Capital Fund I Aggregator, LP. SR One Capital Partners I, LP is the general partner of SR One Capital Fund I Aggregator, LP, and SR One Capital Management, LLC is the general partner of SR One Capital Partners I, LP. Simeon George, M.D. is the managing member of SR One Capital Management, LLC. Each of SR One Capital Partners I, LP, SR One Capital Management, LLC and Mr. George may each be deemed to have shared power to vote or dispose of these shares, and each disclaims beneficial ownership of the shares except to the extent of any pecuniary interest therein.

Remarks:

SR ONE CAPITAL FUND I AGGREGATOR, LP, By: SR ONE CAPITAL PARTNERS I, LP, By: SR ONE CAPITAL MANAGEMENT, LLC, By: /s/ Simeon George, Member	<u>03/30/2021</u>
SR ONE CAPITAL PARTNERS I, LP, By: SR ONE CAPITAL MANAGEMENT, LLC, By: /s/ Simeon George, Member	<u>03/30/2021</u>
<u>SR ONE CAPITAL</u> <u>MANAGEMENT, LLC,</u> <u>By: /s/ Simeon George,</u> <u>Member</u>	<u>03/30/2021</u>
** 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 5 (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.