FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington	D.C.	20549			

OIVID APPROVAL												
OMB Number:	3235-0287											
Estimated average burden												
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-10. See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Prasad Deepa				2. Issuer Name and Ticker or Trading Symbol Design Therapeutics, Inc. [ DSGN ]								5. Relationship of Reporting Person(s) to Is (Check all applicable)  Director 10% Oct.							
(Last) (First) (Middle) C/O DESIGN THERAPEUTICS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024								Officer (give title Other (specify below) below)						
6005 HIDDEN VALLEY ROAD, SUITE 110  (Street) CARLSBAD CA 92011  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indir Line)						
		Table	l - Non	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution if any		tion Date, Tra		ransaction Disposed O ode (Instr. 5)		es Acquired (A Of (D) (Instr. 3,		, 4 and Secur Benef		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or P	rice	Transa	ction(s) 3 and 4)			(111501. 4)
Common	Stock			12/18/	2024			S		3,806	Г	) (	\$6.27	7 20,000		D			
		Та							,		osed of, o			•	Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	A. Deemed xecution Date, any Month/Day/Year)		4. 5. N Orransaction Code (Instr. Sec Acq (A) o Dispose of (I		vative irities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	y O Fo O (I)	0. wnership orm: irect (D) r Indirect ) (Instr. 4)	Beneficia Ownersh (Instr. 4)
						de V (A) (D)					Amou or Numb	1							

**Explanation of Responses:** 

/s/ Mustapha Parekh,

Attorney-in-Fact, Attorney-in- 12/19/2024

Fact

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.

<sup>\*\*</sup> Signature of Reporting Person Date