FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<b>STATEMENT</b>	<b>OF CHANGES II</b>	N BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* <u>Prasad Deepa</u>			2. Issuer Name and Ticker or Trading Symbol  Design Therapeutics, Inc. [ DSGN ]									k all app Direc	tor	ng Per	10% O	wner			
(Last) (First) (Middle) C/O DESIGN THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 03/16/2022									Office below	er (give title v)		Other ( below)	specify		
6005 HIDDEN VALLEY ROAD, SUITE 110				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	BAD CA	A 9	2011											X		filed by One filed by Mo on	•	Ü	
(City)	(St	ate) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,				s Acquired (A) of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Report	ies cially Following	Form (D) or		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pr	ice		ction(s)			(111511.4)
Common Stock 03/16/2				2022				J <sup>(1)</sup>		11,806	A	\$	0.00	11,806			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)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		ion Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Exercis Expiration Dat (Month/Day/Ye		te	Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nt		9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numb of Share						

## **Explanation of Responses:**

1. In-kind distribution from WRG HCD1, LLC of which the reporting person is a member.

## Remarks:

/s/ Mustapha Parekh, Attorney-in-Fact

03/18/2022

\*\* 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.