SEC Form 4	
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## 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).
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response:

0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
Filed pursuant to Section 10(a) of the Securities Exchange Act of 1934
or Section 30(h) of the Investment Company Act of 1940
or Section So(n) of the investment Company Act of 1940

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1. Name and Address of Reporting Person* ARCH Venture Partners XII, LLC				2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Neumora Therapeutics, Inc.</u> [ NMRA ]											o of Reportir Ilicable)	ng Pers			
(Last)	(Fir	rst) (1	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/26/2023									er (give title	л	Other (: below)		
8755 W.	HIGGINS	ROAD, SUITE	1025		4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHICAC	GO IL	6	0631											Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)			Rule 10b5-1(c) Transaction Indication													
						satisfy t	ne affiri	native	defense	condi	isaction was m tions of Rule 10	0b5-1(c)	. See Ins	tructior	n 10.		en plan	that is inte	nded to
		Table	I - No	on-Deriva	tive S	Secu	rities	Acc	quired	l, Dis	sposed of	, or B	Benefi	cially	Own	ed			
Date			2. Transacti Date (Month/Day	Execution Date,		3. Transaction Code (Instr. 8) 4. Securiti Disposed		4. Securities Disposed Of	es Acquired (A) or Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		Form: Direct		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) oi (D)	Price			ted action(s) 3 and 4)			(Instr. 4)
Common	Stock			09/26/20	023				р		34,000	A	\$11	73 <sup>(1)</sup>	3,7	758,883		I	By ARCH Venture Fund XII, L.P. (3)(4)
Common Stock 09/			09/27/20	023				Р		24,504	A	\$12	<b>31</b> <sup>(2)</sup>	3,7	'83,387		I	By ARCH Venture Fund XII, L.P. (3)(4)	
		Tal	ble II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed Ition Date, h/Day/Year)	4. 5. Number of Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)		ate	Amount of De Securities Se		Der Sec (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y []	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amoun or Numbe of Shares						

1. Name and Address of Reporting Person $^{*}$ 

ARCH Venture Partners XII, LLC

(Last)	(First)	(Middle)				
8755 W. HIGGINS ROAD, SUITE 1025						
(Street)						
CHICAGO	IL	60631				
(City)	(State)	(Zip)				
1. Name and Addre	ess of Reporting Pers	son*				
ARCH Ventu	ire Partners X	<u>II, L.P.</u>				
P						
(Last)	(First)	(Middle)				
8755 W. HIGGI	INS ROAD, SUIT	ГЕ 1025				
(Street)						
CHICAGO	IL	60631				

(City)(State)(Zip)1. Name and Address of Reporting Person* ARCH Venture Fund XII, L.P.(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)CHICAGOIL60631(City)(State)(Zip)(State)(Zip)1. Name and Address of Reporting Person*CRANDELL KEITH(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)CHICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*(Zip)1. Name and Address of Reporting Person*GILLIS STEVEN(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)CHICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*GILLIS STEVEN(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)CHICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*NELSEN ROBERTNELSEN ROBERT(Middle)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(City)(State)(Zip)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(City)(State)(Zip)(Last) </th <th></th> <th></th> <th></th>			
ARCH Venture Fund XII, L.P.         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025         (Street)       CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       CRANDELL KEITH         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025       (Street)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       GILLIS STEVEN         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025       (Street)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       MILSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)       (Last)         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)       (Street)         CHICAGO	(City)	(State)	(Zip)
8755 W. HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631 (City) (State) (Zip) 1. Name and Address of Reporting Person* CRANDELL KEITH (Last) (First) (Middle) 8755 WEST HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631 (City) (State) (Zip) 1. Name and Address of Reporting Person* GILLIS STEVEN (Last) (First) (Middle) 8755 WEST HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631 (City) (State) (Zip) 1. Name and Address of Reporting Person* MELSEN ROBERT (Last) (First) (Middle) 8755 W. HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631 (City) (State) (Zip) 1. Name and Address of Reporting Person* NELSEN ROBERT (Last) (First) (Middle) 8755 W. HIGGINS ROAD, SUITE 1025 (Street) CLICAGO IL 60631			
CHICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*CRANDELL KEITTH(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)CHICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*GILLIS STEVEN(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)(ChICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*NELSEN ROBERT(Last)(First)(Middle)1. Name and Address of Reporting Person*NELSEN ROBERT(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)CHICAGOIL60631			
1. Name and Address of Reporting Person*         CRANDELL KEITH         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025         (Street)       CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       GILLIS STEVEN         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025       (Street)         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       MELSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)       (Middle)         (Street)       IL       60631         (Street)       IL       60631		IL	60631
CRANDELL KEITH         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025         (Street)       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*         GILLIS STEVEN         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025         (Street)       (Middle)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       Middle)         (Street)       (State)       (Zip)         1. Name and Address of Reporting Person*       NELSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Street)       CHICAGO       IL         (Street)       GIL       60631	(City)	(State)	(Zip)
8755 WEST HIGGINS ROAD, SUITE 1025         (Street)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       GILLIS STEVEN         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025       (Street)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NELSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Street)       CHICAGO       IL         GIL       60631       (Street)         CHICAGO       IL       60631			son*
CHICAGOIL60631(City)(State)(Zip)1. Name and Address of Reporting Person*GILLIS STEVEN(Last)(First)(Middle)8755 WEST HIGGINS ROAD, SUITE 1025(Street)(Street)CHICAGOIL60631(City)(State)1. Name and Address of Reporting Person*NELSEN ROBERT(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(Last)(First)(Middle)8755 W. HIGGINS ROAD, SUITE 1025(Street)(Street)CHICAGOIL6063160631			
1. Name and Address of Reporting Person*         GILLIS STEVEN         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025         (Street)       (Middle)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NELSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Street)       CHICAGO       IL         60631       Good (Street)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         CHICAGO       IL       60631		IL	60631
GILLIS STEVEN         (Last)       (First)       (Middle)         8755 WEST HIGGINS ROAD, SUITE 1025         (Street)       (Middle)         CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NELSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         (Street)       CHICAGO       IL         60631       60631	(City)	(State)	(Zip)
8755 WEST HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631 (City) (State) (Zip) 1. Name and Address of Reporting Person* <u>NELSEN ROBERT</u> (Last) (First) (Middle) 8755 W. HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631			son*
CHICAGO       IL       60631         (City)       (State)       (Zip)         1. Name and Address of Reporting Person*       NELSEN ROBERT         NELSEN ROBERT       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025       (Street)         CHICAGO       IL       60631			· · · ·
1. Name and Address of Reporting Person*       NELSEN ROBERT       (Last)     (First)       (Middle)       8755 W. HIGGINS ROAD, SUITE 1025       (Street)       CHICAGO     IL       60631		IL	60631
NELSEN ROBERT         (Last)       (First)       (Middle)         8755 W. HIGGINS ROAD, SUITE 1025         (Street)       CHICAGO       IL       60631	(City)	(State)	(Zip)
8755 W. HIGGINS ROAD, SUITE 1025 (Street) CHICAGO IL 60631			son*
CHICAGO IL 60631			
(City) (State) (Zip)		IL	60631
	(City)	(State)	(Zip)

## Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$11.32 to \$12.04, inclusive. The reporting person undertakes to provide to NMRA, any security holder of NMRA, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.

2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$11.94 to \$12.68, inclusive.

3. Beneficial ownership consists of 3,783,387 shares of common stock held directly by ARCH Venture Fund XII, L.P. (ARCH XII). ARCH Venture Partners XII, L.P. (AVP XII LP) is the general partner of AVP XII LP. Keith Crandell, Kristina Burow, Steven Gillis and Robert Nelsen comprise the investment committee of AVP XII LLC (AVP XII LLC) is the general partner of AVP XII LLC may be deemed to beneficially own the shares held by ARCH XII, and each of the AVP XII LLC Committee Members). Each of AVP XII LP and AVP XII LLC may be deemed to beneficially own the shares held by ARCH XII, and each of the AVP XII LLC Committee Members may be deemed to share the power to direct the disposition and vote of the shares held by ARCH XII. Each of AVP XII LLC and the AVP XII LLC Committee Members disclaims beneficial ownership except to the extent of their pecuniary interest therein, if any.

4. As of the date hereof, in addition to securities owned by AVF XII, the investment committee members continue to have an indirect pecuniary interest in securities of the issuer as reported on a Form 4 filed by the reporting persons with respect to the issuer on September 20, 2023.

## Remarks:

This Form 4 is filed jointly by ARCH XII, AVP XII LP, AVP XII LLC, Robert Nelsen, Steven Gillis, Keith Crandell (collectively, the "Reporting Persons"). Kristina Burow has direct ownership of common stock and is filing her own Form 4 separately.

ARCH Venture Fund XII, L.P. By: ARCH Venture Partners XII, L.P., its General Partner By: ARCH Venture Partners XII, LLC, its General Partner By: /s/ Mark McDonnell, as Attorney-in-Fact	<u>09/27/2023</u>
ARCH Venture Partners XII, L.P. By: ARCH Venture Partners XII, LLC, its General Partner By: /s/ Mark McDonnell, as Attorney-in- Fact	<u>09/27/2023</u>

<u>ARCH Venture Partners XII,</u> <u>LLC By: /s/ Mark McDonnell,</u> <u>as Attorney-in-Fact</u>	
<u>Keith Crandell, Managing</u> <u>Director, By: /s/ Mark</u> <u>McDonnell, as Attorney-in-</u> <u>Fact</u>	<u>09/27/2023</u>
<u>Steven Gillis, Managing</u> <u>Director, By: /s/ Mark</u> <u>McDonnell, as Attorney-in-</u> <u>Fact</u>	<u>09/27/2023</u>
<u>Robert Nelsen, Managing</u> <u>Director, By: /s/ Mark</u> <u>McDonnell, as Attorney-in-</u> <u>Fact</u>	<u>09/27/2023</u>
** Signature of Reporting Person	Date

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

 $^{\ast}$  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.