FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| Machinaton | D C 20 | 549 | |

| OMB APF | PROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |

0.5

hours per response:

| | Check this box if no longer subject to |
|---|--|
| 1 | Section 16. Form 4 or Form 5 |
| | obligations may continue. See |
| | Instruction 1(b). |

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

| 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 10h5- |

| 1(c). S | ee Instruction 1 | 0. | | | | | | | | | | | | | | | | | |
|--|---|----------------------------------|---|----------|---|--|--|--|--------------------------------|---------------------------------------|----------------------|---|-------------|-------------------------------|--|---|---|--|---|
| | nd Address of ay Helen | Reporting Person* M. | | | BIC | OCR' | YST | | er or Tra | | Symbol UTICA | LS I | NC | | elationship eck all app Direc | | ng Per | rson(s) to Is: | |
| (Look) (First) (Atiddo) | | | | | I BO | [BCRX] | | | | | | | | [| Officer (give title Other (special below) | | | | specify |
| (Last) (First) (Middle) 4505 EMPEROR BOULEVARD SUITE 200 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2024 | | | | | | | | | Chief R&D Officer | | | | | |
| (Street) DURHAM NC 27703 | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive \$ | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficia | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution if any | | ution I | ition Date, Tra | | Transaction Disposed Of (D Code (Instr. 5) | | s Acquired (A) of (D) (Instr. 3, 4 | | (A) or 3, 4 and | Benefi | ties cially I Following | Form (D) or | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficia Ownershi | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transa | ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 12/14/2 | | | | | 2024 | | F | | 7,150(1) | 1) D \$ | | \$7.53 | .53 264,989 | | | D | | | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | / Owne | d | | · | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ercise (Month/Day/Year) of ative | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | 1 | s. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ow For Dire or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur of Indired Beneficia Ownersh (Instr. 4) |
| | | | | | Code | | (A) | (D) | Date Exercis | able | Expiration Date | or | | ount nber res | | | | | |

1. Represents shares withheld by the Issuer to satisfy required tax withholding obligations in connection with the vesting of previously granted Restricted Stock Units. This transaction does not represent a sale by the Reporting Person.

> /s/ Alane P. Barnes, by power of attorney

12/17/2024

** 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.