FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

Vashington,	D.C.	20549	
vasimigton,	D.O.	200-0	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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).

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Name and Address of Reporting Person* Loy Spike				2. Issuer Name and Ticker or Trading Symbol MoonLake Immunotherapeutics [MLTX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
												X Direct	or		10% Ow	ner		
(Last)	(Fi	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023								Office below	r (give title		Other (s below)	pecify
C/O MOONLAKE IMMUNOTHERAPEUTICS DORFSTRASSE 29				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
DUKFS	IKASSE 25	,											- 1	-,	filed by One	e Repo	orting Perso	n
(Street)	3.70	n.	6300												filed by Mor		One Repo	
ZUG V8 63		300		Bu	Dulo 10hE 1(a) Transaction Indication													
(0::)	(0.		/ : \		- Ru	Rule 10b5-1(c) Transaction Indication												
(City)	(Si	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to												
						satisf	y the affirr	native	defense cond	litions	of Rule 1	.0b5-1(c). S	See Instruct	ion 10.				
		Tabl	e I - No	n-Deriv	ative	Sec	urities	Ac	quired, D	ispo	osed o	f, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac			action										. Nature					
Date (Month/Da				Day/Year	ay/Year) Execution Date, if any (Month/Day/Year			Code (Instr. 5)		d Of (D) (Ir	str. 3, 4 an	Benefic Owned	Securities Beneficially Owned Following Reported		(D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)		
				Code				v	Amount	t (A) or Pr		Transac (Instr. 3	ction(s)			ilisu. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
	1.		1			u115	5. Numl		•					l · ·	l	. 1		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) Exec	Execution if any	ecution Date, any		4. Transaction Code (Instr. 8)		ive ies ed ed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	Amount or Number of Shares					
												Class A ordinary						
Option to Buy	\$29.18	06/08/2023			Α		11,297		(1)	06/	/08/2033	shares, par value	11,297	\$0.00	11,297	,	D	

Explanation of Responses:

1. This option represents a right to purchase a total of 11,297 Class A Ordinary Shares of the Issuer, which will vest in full the earlier of (i) June 8, 2024 and (ii) the date of the Issuer's next annual general meeting of shareholders, subject to the Reporting Person's continued service to the Issuer.

/s/ Matthias Bodenstedt,

\$0.0001 per share

06/12/2023 Attorney-in-fact for Spike Loy

Date

** Signature of Reporting Person

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.