FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average b	urden								
- 1	l 6	0.5								

Check this box if no longer subject to 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

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Name and Address of Reporting Person* Sturge Simon						2. Issuer Name and Ticker or Trading Symbol MoonLake Immunotherapeutics [MLTX]									ationship o k all applic Directo	able)	ng Person(s) to Issu			
(Last)	`	*	(Middle)			Date (/01/2		est Trans	saction (N	lonth/	Day/Year)			Officer below)	(give title		Other (s below)	specify		
C/O MOONLAKE IMMUNOTHERAPEUTICS DORFSTRASSE 29					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	V	8	6300									Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tak	le I - Nor	า-Deriv	/ativ	e Se	curit	ies Ac	quired	, Dis	posed o	of, or B	enefic	cially	Owned					
Date				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securitie Beneficia Owned F		s ally ollowing	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pr	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A ordinary shares, par value \$0.0001 per share					1/202	/2023		C ⁽¹⁾		342,9	342,980 A		(2)	342	42,980		D			
Class C ordinary shares, par value \$0.0001 per share ⁽²⁾				10/01	1/2023		D ⁽¹⁾		342,9	80)	(2)	0		D					
			Table II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			4. Transa Code (I		of E		Expiratio	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. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amou or Numb of Sha	er						
Common shares, par value CHF 0.10 per share, of MoonLake AG	(2)	10/01/2023			C ⁽¹⁾			10,196	(2)		(2)	Class A ordinary shares, par value \$0.0001 per	342,	980	(2)	0		D		

Explanation of Responses:

- 1. On October 1, 2023, the Reporting Person exchanged 10,196 common shares of MoonLake Immunotherapeutics AG ("MoonLake AG") for 342,980 Class A ordinary shares of the Issuer. In connection with the exchange, 342,980 Class C ordinary shares of the Issuer were automatically cancelled by the Issuer for no consideration.
- 2. The common shares of MoonLake AG may be exchanged at the holder's option into Class A ordinary shares at a rate of 1 common share of MoonLake AG for 33.638698 Class A ordinary shares, rounded to the nearest whole share. Upon any such exchange of a common share of MoonLake AG, the corresponding Class C ordinary share of the Issuer will be automatically cancelled.

/s/ Matthias Bodenstedt,

Attorney-in-fact for Simon

10/03/2023

<u>Sturge</u>

** 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.