

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Helix Holdings LLC</u> (Last) (First) (Middle) <u>C/O HELIX ACQUISITION CORP.</u> <u>200 CLARENDON STREET, 52ND FLOOR</u> (Street) <u>BOSTON MA 102116</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>MoonLake Immunotherapeutics [MLTX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) Former 10% Holder
	3. Date of Earliest Transaction (Month/Day/Year) <u>04/05/2022</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Class A Ordinary Shares	04/05/2022		c ⁽¹⁾		2,785,000	A	\$0	3,215,000	D ⁽²⁾	

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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	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 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(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					
Class B Ordinary Shares	(1)	04/05/2022		C			2,785,000	(1)	(1)	Class A Ordinary Shares	2,785,000	(1)	0	D ⁽²⁾

Explanation of Responses:

- Each of the Issuer's Class B Ordinary Shares were convertible into Class A Ordinary Shares upon consummation of the Issuer's initial business combination and had no expiration date. In connection with the consummation of the Issuer's initial business combination ("Business Combination") and pursuant to the Business Combination Agreement dated as of October 4, 2021, by and between the Issuer, MoonLake Immunotherapeutics AG, and the other parties thereto (the "Business Combination Agreement"), such Class B Ordinary Shares automatically converted into an equal number of Class A Ordinary Shares.
- Helix Holdings LLC is the record holder of these securities reported. Bihua Chen is the manager of Helix Holdings LLC and has voting and investment discretion with respect to the securities held of record by Helix Holdings LLC. Ms. Chen disclaims any beneficial ownership of the securities held by Helix Holdings LLC other than to the extent of any pecuniary interest she may have therein, directly or indirectly.

/s/ Bihua Chen, Managing Member

04/07/2022

** 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.