

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* <u>Medicxi Ventures Management (Jersey) Ltd</u> (Last) (First) (Middle) C/O CSC FUND SERVICES (JERSEY) LIMITED 44 ESPLANADE (Street) ST. HELIER Y9 JE4 9WG (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/27/2024	3. Issuer Name and Ticker or Trading Symbol <u>RAPT Therapeutics, Inc.</u> [RAPT]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	21,977,977	I	By Medicxi IV LP ⁽¹⁾
Common Stock	374,023	I	By Medicxi Co-Invest IV LP ⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person*
Medicxi Ventures Management (Jersey) Ltd
 (Last) (First) (Middle)
 C/O CSC FUND SERVICES (JERSEY)
 LIMITED 44 ESPLANADE
 (Street)
 ST. HELIER Y9 JE4 9WG
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Medicxi IV GP Ltd
 (Last) (First) (Middle)
 C/O CSC FUND SERVICES (JERSEY)
 LIMITED 44 ESPLANADE
 (Street)

ST. HELIER Y9 JE4 9WG

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Medicxi IV LP

(Last) (First) (Middle)

C/O CSC FUND SERVICES (JERSEY)
LIMITED 44 ESPLANADE

(Street)

ST. HELIER Y9 JE4 9WG

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Medicxi Co-Invest IV LP

(Last) (First) (Middle)

C/O CSC FUND SERVICES (JERSEY)
LIMITED 44 ESPLANADE

(Street)

ST. HELIER Y9 JE4 9WG

(City) (State) (Zip)

Explanation of Responses:

1. Shares held Medicxi IV LP ("Medicxi IV"). Medicxi IV GP Limited ("Medicxi IV GP") is the sole general partner of Medicxi IV, and Medicxi Manager is the sole manager of Medicxi IV. The Reporting Persons disclaim Section 16 beneficial ownership of the securities held by Medicxi IV, except to the extent of their respective pecuniary interest therein, if any, and this report shall not be deemed to be an admission that they are the beneficial owners of such shares for Section 16 or any other purpose.

2. Shares held by Medicxi Co-Invest IV LP ("Co-Invest IV"). Medicxi IV GP is the sole general partner of Co-Invest IV, and Medicxi Manager is the sole manager of Co-Invest IV. The Reporting Persons disclaim Section 16 beneficial ownership of the securities held by Co-Invest IV, except to the extent of their respective pecuniary interest therein, if any, and this report shall not be deemed to be an admission that they are the beneficial owners of such shares for Section 16 or any other purpose.

MEDICXI VENTURES
MANAGEMENT
(JERSEY) LIMITED, By: 01/06/2025
/s/ Giles Johnstone-Scott,
Director
MEDICXI IV LP, By:
Medicxi Ventures
Management (Jersey) 01/06/2025
Limited, By: /s/ Giles
Johnstone-Scott, Director
MEDICXI CO-INVEST
IV LP, By: Medicxi
Ventures Management 01/06/2025
(Jersey) Limited, By: /s/
Giles Johnstone-Scott,
Director
MEDICXI IV GP
LIMITED, By: /s/ Nigel 01/06/2025
Crocker, Alternate
Director

** 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 5 (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.