## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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)

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 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.															
1. Name and Address of Reporting Person*  Robinson James A. Jr.					2. Issuer Name <b>and</b> Ticker or Trading Symbol Eledon Pharmaceuticals, Inc. [ ELDN ]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last) (First) (Middle) C/O ELEDON PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025								" (give title	Other (below)	·	
19800 MACARTHUR BLVD STE. 250					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street) IRVINE	C	A	92612								Line)  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)													
		Tab	le I - Non-D	Deriva	tive S	ecuritie	s Ac	quired, D	isposed (	of, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transc Date (Month/D					2A. Deemed Execution Date, if any (Month/Day/Year		Code (Ins	on   Dispose	ities Acquire d Of (D) (Ins	ed (A) or tr. 3, 4 and	5. Amour Securitie Beneficia Owned F Reported	s Fo ally (D following (I)	Ownership orm: Direct o or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		(111511.4)		
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)	ve Conversion Date Execution Date, Tr. or Exercise (Month/Day/Year) if any Co		ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		ies g Security	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)	Beneficial Ownership (Instr. 4)				
				Co	de V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy)	\$4.04	01/10/2035		A		30,870		(1)	01/10/2035	Common Stock	30,870	\$0	30,870	D		
Restricted Stock Units	(2)	01/10/2025		A	\	3,430		(3)	(3)	Common Stock	3,430	\$0	3,430	D		

## **Explanation of Responses:**

- 1. This option represents a right to purchase up to 30,870 shares of common stock, which option vests with respect to 100% of the total number of shares on January 10, 2026.
- 2. Each restricted stock unit represents a contingent right to receive 1 share of the Issuer's common stock upon settlement for no consideration.
- 3. 100% of the total restricted stock units will vest on January 10, 2026.

/s/ Paul Little, as attorney-infact for James Robinson

01/13/2025

\*\* 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.