FORM 3

## 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*  Dadswell Charles			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 06/11/2024  3. Issuer Name and Ticker or Trading Symbol GRAIL, LLC [ GRAL ]							
(Last) 5200 ILLU (Street) SAN DIEGO (City)	(First) MINA WAY  CA (State)	(Middle) 92122 (Zip)	-	4	4. Relationship of Reporting Issuer (Check all applicable)  Director Officer (give title below)	10% C	wner 6. (Specify (C	Individual or Joheck Applicable Form filed Person	oint/Group Filing e Line) by One Reporting by More than One		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			Nature of Indirect Beneficial     Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
(,		2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)			

**Explanation of Responses:** 

No securities are beneficially owned.

Charles Dadswell

06/12/2024

\*\* 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.