FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington	DC	0549	

OMB AF	PROVAL
OMB Number:	3235-0287

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 Instruction 10

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	hours per response:	0.5		
or Section 30(h) of the Investment Company Act of 1940				

1(0). 36	ee Instruction	10.																	
		of Reporting Perso	n*						ker or T		Symbol				all app	,	ng Perso	,	
RAGUSA ROBERT P															Direc				
(Lact)	(Look) (Find) (Alidel)					ate of F	arlies	t Trans	saction	(Montl	n/Day/Year)			Officer (give title Other (spec below)					specify
(Last) (First) (Middle) C/O GRAIL, INC.						3. Date of Earliest Transaction (Month/Day/Year) 10/15/2024								Chief Executive Officer					
	1	III/II																	
1525 O'E	BRIEN DI	ave			4 If A	Amend	ment	Date	of Origin	nal File	ed (Month/Da	v/Voar)		6 Indiv	idual or	r Joint/Grou	n Filina (Chack A	nnlicable
(Street)					4. " /	Amenu	ment,	Date	oi Oligii	nai File	tu (Montin/Da	iy/ ieai)		Line)	riuuai oi	John Grou	priiiig (CHECK A	ррисаые
,	PARK C	'A	94025											1	Form	filed by On	e Report	ing Pers	on
															Form Perso	filed by Mo	re than C	ne Rep	orting
(City)	(8	State)	(Zip)		reison														
		Tab	e I - N	on-Deriva	ative \$	Secu	rities	Acc	quire	d, Dis	sposed of	or B	enefi	cially	Own	ed			
1. Title of S	Security (In			2. Transacti		2A. De			3.		4. Securities	Acquir	ed (A) or	,		ount of	6. Own	ership	7. Nature
Date				Date (Month/Day	/Year) If any		ition Date, h/Day/Year)		Transaction Code (Instr. 8)		(D) (Instr. 3, 4		nd 5)	Benefi Owned	Securities Beneficially Owned Following		Direct ndirect r. 4)	of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D) Pric		e Reported Transacti (Instr. 3 a		ction(s)			(IIISU. 4)
Common	Stock			10/15/20)24		S		123,454	D	\$14	\$14.02 ⁽¹⁾		612,661		D			
		Т	able II	- Derivat							osed of, convertib				Owne	d			
1. Title of	2.	3. Transaction	3A. D	eemed	4.	u, ,	_	ımber	_		cisable and	7. Title			rice of	9. Number	of 10		11. Nature
Derivative Security (Instr. 3)	Perivative Conversion Date Executive or Exercise (Month/Day/Year) if any		ution Date, Trans		action of		Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Derivative Security (Instr. 5)		vative derivative irity Securities		vnership rm: ect (D) Indirect (Instr. 4)	Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amoun or Numbe of Shares	r					

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price calculated by the broker executing the Sell-To-Cover transactions. These shares were sold as part of a block trade in multiple transactions, and the Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate sales price.

Remarks:

/s/Donald Lang, as Attorneyin-Fact for Robert Ragusa

** Signature of Reporting Person

10/17/2024

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.