FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D C | 20540 |
|-------------|------|-------|
| wasnington, | D.C. | 20049 |

| STATEMENT | OF CHA | NGES IN E | 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).

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

| Name and Address of Reporting Person* Dananberg Jamie | | | | 2. Issuer Name and Ticker or Trading Symbol Annexon, Inc. [ANNX] | | | | | | | elationship of ck all applica Director | able) | g Perso | 10% Ow | mer | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|----------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|---|--|
| (Last) | (F NEXON, IN | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2024 | | | | | X | below) | give title F MEDI | CAL | Other (s below) OFFICER | | | | |
| 1400 SIERRA POINT PKWY, BLDG C, STE 200 | | | | 4. | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) BRISBA | NE C | A | 94005 | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | tate) | (Zip) | | R | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Та | ble I - Nor | ı-Deriv | vativ | ve Se | ecurities | s Ac | quired, | Dis | posed c | of, or B | enefi | icially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month.) | | | action 2A. Deemed Execution Date if any (Month/Day/Year) | | Date, | e, Transaction Disposed Of (D Code (Instr. | | ities Acqu d Of (D) (l | es Acquired (A) or Of (D) (Instr. 3, 4 and 5 | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount (A) or (D) | | or | Price | Reported Transaction (Instr. 3 and | ction(s) | | | Instr. 4) | | |
| Common | Stock | | | 02/1 | 6/202 | 6/2024 | | A | | 39,000 ⁽¹⁾ A | | \$ <mark>0</mark> | 39,000 | | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Security Or Exercise (Month/Day/Year) | | 3A. Deemed Execution Da if any (Month/Day/\) | ate, Transaction Code (Instr. | | | Derivative E | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisab | | xpiration ate | Title | or Nur | ount nber Shares | | (Instr. 4) | 011(0) | | |
| Stock Option (Right to Buy) | \$5.13 | 02/16/2024 | | | A | | 160,000 | | (2) | 0. | 2/16/2034 | Common | 160 | 0,000 | \$0 | 160,00 | 00 | D | |

Explanation of Responses:

- 1. Constitute restricted stock units ("RSUs") for which the Reporting Person is entitled to receive one (1) share of Common Stock for each RSU upon vesting. 1/3rd of the RSUs vest annually on February 16 of each year, with the first 1/3rd vesting on February 16, 2025.
- 2. 1/48th of the shares subject to the option vest on each monthly anniversary measured from February 16, 2024 (the "Vesting Commencement Date"), such that 100% of the shares subject to the option will be fully vested and exercisable on the fourth anniversary of the Vesting Commencement Date.

/s/ Jennifer Lew, Attorney-in-02/21/2024

Fact

** 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.