FORM 4

Check this box if no longer subject to

Section 16. Form 4 or Form 5

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

	ons may contin ion 1(b).	ue. See		Fil				ection 16(a 0(h) of the						f 1934	ı		hours	per res	sponse:	0.5	
							suer Name and Ticker or Trading Symbol <u>juidia Technologies Inc</u> [LQDA]									ck all applica Director	ıble)	y Person(s) to Is X 10% (
(Last) (First) (Middle) 255 CALIFORNIA STREET, 12TH FLOOR					0'	3. Date of Earliest Transaction (Month/Day/Year) 07/30/2018 4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Inc	below)		Filing	below)			
(Street) SAN FRANCISCO CA 9411			94111												Line)	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City) (State) (Zip)						ative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) 2. Trai				2. Trans	Transaction			Deemed cution Date, y		3. Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			A) or	5. Amount Securities Beneficial Owned Fo	i Iy	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									•	Code	v	Amount	(A (D) or)	Price	Reported Transaction (Instr. 3 au	on(s) nd 4)			(Instr. 4)	
Common stock 07/30/2									<u> </u>	C		397,452 A		(1)		07,452)(2)(3)			
			Table II -					ies Acqı varrants								wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y		ransa ode (action Instr.	Derivative		Ex	6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Followin Reported	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				C	Code V		(A)					Expiration Date	Title	O N	mount r umber f Shares		Transact (Instr. 4)	ion(s)			
Series D Preferred Stock	(1)	07/30/2018			С		6,688,068			(1)		(1)	Comm		97,452	\$0 0		D ⁽²⁾⁽³⁾			
		Reporting Person*	EALTHC.	ARE I	FU	<u>ND</u>		,			•		,	-			,				
(Last) (First) (Middle) 255 CALIFORNIA STREET, 12TH FLOOR																					
(Street)																					

(Street)

12TH FLOOR

(City)

(Last)

SAN FRANCISCO CA 94111

(State)

(First)

Leerink Revelation Healthcare Fund I GP, L.P.

1. Name and Address of Reporting Person*

255 CALIFORNIA STREET,

94111

(Zip)

(Middle)

(City) (State) (Zip)

SAN FRANCISCO CA

- 1. The Series D preferred stock had no expiration date and automatically converted into the Issuer's common stock on approximately a 0.0594-for-1 basis immediately prior to the closing of the Issuer's initial public
- 2. These securities are held of record by Leerink Revelation Healthcare Fund I, L.P. ("Leerink"). Leerink Revelation Healthcare Fund I GP, L.P. ("Leerink GP") is the general partner for Leerink. By virtue of such relationships, each of the reporting persons may be deemed to have beneficial ownership over such securities.
- 3. This report on Form 4 is jointly filed by Leerink and Leerink GP. Each of the reporting persons disclaims beneficial ownership of the securities reported herein for purposes of Rule 16a-1(a) under the Securities

Exchange Act of 1934, as amended (the "Exchange Act"), except to the extent of its pecuniary interest therein, if any. This report shall not be deemed an admission that any of the reporting persons is a beneficial owner of such securities for the purposes of Section 16 of the Exchange Act, or for any other purposes.

/s/ Brian Tribuna, attorney-in-

fact

** Signature of Reporting Person

08/01/2018

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.