## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAI

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Xu Yuan					2. Issuer Name <b>and</b> Ticker or Trading Symbol Xilio Therapeutics, Inc. [XLO]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
	<u>111</u>						1							X Directo	or		10% Ov	vner
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/12/2023							Officer below)	r (give title )		Other (s below)	specify		
828 WIN	TER STR	RET							( 0 ) )						2 : 1/2		(0) 1.1	
SUITE 3					4. 17	Ame	nament,	Date	of Origi	inai fii	ed (Month/E	Day/Year)	b.	ndividual or e)	Joint/Group	p ⊢iiini	д (Спеск Ар	plicable
	000													X Form	filed by One	e Rep	orting Perso	n
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(Street) WALTH		[A	02451											Perso		10 110		
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(City)	(S	tate)	(Zip)			Cher	k this hox	to inc	licate the	at a trai	nsaction was	made nursu	ant to a co	ntract, instruct	ion or writter	n nlan i	that is intende	ot be
											itions of Rule				ion or writter	plan		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transact																	7. Nature	
Date (Month/D				Day/Yea				Code (Instr. 5)			istr. 3, 4 ar	Beneficially				of Indirect Beneficial		
						(Month/Day/Year) 8)				Owned Following (I) (Instr. 4) Reported			Ownership (Instr. 4)					
						Code V Amount (A) or				Price	Transaction(c)			I	(			
									ļ			(D)		(Instr. 3	and 4)			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
			(	e.g., p	uts, c	alls	s, warra	ants	s, opti	ions,	convert	ible sec	urities)					
1. Title of					6. Date Exercisable and 7. Title and				8. Price of	9. Numbe		10.	11. Nature					
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution E if any		Transac Code (Ir	nsaction of le (Instr. Derivative			Expiration Date Amount of (Month/Day/Year) Securities				Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	Price of Derivative		(Month/Day		8)		Securiti	Securities Underlying					(Instr. 5)	Beneficial Owned	lly	Direct (D) or Indirect	Ownership (Instr. 4)	
	Security			I		Acquired Derivative Sect (A) or (Instr. 3 and 4)							Following		(I) (Instr. 4)	(11150.4)		
				I		Disposed of (D)						Reported Transactio						
						(Instr. 3, 4 and 5)						(Instr. 4)	0(0)					
				F			anu 5)	_	<u> </u>					-				
													Amount or					
									Data		Evniration		Number					
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	of Shares					1

buy) Explanation of Responses:

\$<mark>2.8</mark>

Stock Option (right to

1. The option was granted on June 12, 2023 and will vest as to 100% of the shares underlying the option on the earlier of (i) June 12, 2024 and (ii) the Issuer's next annual meeting of stockholders following the grant date, subject to the Reporting Person's continued service to the Issuer through the vesting date.

(1)

/s/ Julia Walcott, Attorney-in-	06/13/2023
<u>Fact</u>	00/13/2023

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\$<mark>0</mark>

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D

Commor

Stock

06/11/2033

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/12/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.