FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

OMB APPROVAL									
OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

				- 0	3600	30(11)	JI LIIC	invesiment c	Joinparty Act	. 01 1940							
Name and Address of Reporting Person* Giovine Salvatore					2. Issuer Name and Ticker or Trading Symbol Xilio Therapeutics, Inc. [XLO]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GIOVIII	<u>e sarvato</u>	<u>10</u>											Directo		10% Ov	· I	
												X	Officer below)	(give title	Other (s	specify	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								,	hief Financ	,		
C/O XILIO THERAPEUTICS, INC.					10/21/2021							Giner i manetar Officer					
828 WIN	TER STRE	EET, SUITE 300															
				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable						
(Street)												Line)					
WALTH	AM M	Γ A	02451									X	Form f	iled by One R	eporting Perso	n	
													Form f Persor		han One Repo	rting	
(City)	(6	tate)	(7in)										reisui	I			
(City)	(5	iale)	(Zip)														
		Tab	le I - Non-De	erivativ	e Se	curities	s Ac	quired, D	isposed (of, or Be	enefic	ially	Owned				
1. Title of	Security (Ins	tr. 3)	2. T	ransactio	ction 2A. Deemed Execution Date,			3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4							7. Nature of Indirect		
(Month/D					ear)	if any (Month/Day/Yea		Code (Ins		a O1 (D) (msu. 0, -			Beneficia	neficially (D)) or Indirect	Beneficial Ownership	
					(Month/Da		in/Day/Year)	r) 8)					Reported	ı " ''		(Instr. 4)	
								Code	Amount	(A) c	Pri	ce	Transact (Instr. 3 a				
			Table II - Der	ivativo	Soc	urities	۸caı	uired Die	noced of	or Bon	oficia	dly (Jwned	ı ı			
								, options	•	•		•	JWIIEU				
1. Title of	2.	3. Transaction	3A. Deemed	4.		5. Numl	ber	6. Date Exer	cisable and	7. Title a	nd Amo	unt	8. Price of	9. Number of	f 10.	11. Nature	
Derivative Security	Conversion Date Executi		Execution Date, if any			nsaction of		Expiration Date of Securities (Month/Day/Year) Underlying				Derivative Security	derivative Securities	Ownership Form:			
(Instr. 3)	Price of Derivative	(Monthi/Day/Tear)	(Month/Day/Year		Securiti		Securities Derivative S			e Secur		Instr. 5)	Beneficially	Direct (D)	Ownership		
		Acquired (Instr. 3 and 4)						ınd 4)			Owned Following	or Indirect (I) (Instr. 4)	(Instr. 4)				
Security						Disposed								Reported Transaction(s)	1		
					of (D) (Instr. 3, 4 and 5)						(Instr. 4)						
											Amo	ınt					
				1							or Numl						
							Ш	Date	Expiration		of						
				Code	٧	(A)	(D)	Exercisable	Date	Title	Share	es					
Stock Option										Common		_					
Chion	\$16	10/21/2021	I	I A	1	28,755	ı I	(1)	10/20/2031	Johnnon	T 28.7	55 L	\$0.00	28,755	l D	1	

Explanation of Responses:

buy)

1. The option award was granted on October 21, 2021 and shall begin to vest on November 1, 2021 and continue to vest in equal monthly installments thereafter until October 1, 2025.

/s/ Chris Frankenfield, attorneyin-fact for Salvatore Giovine

** 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.