## FORM 4

## **UNITED STATES S**

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SECURITIES AND EXCI	HANGE COMMISSION
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OMB APF	PROVAL
OMP Number:	2225.02

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.

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

l	OMB APPRO	VAL						
l	OMB Number:	3235-0287						
l	Estimated average burden							
l	hours per response:	0.5						

1. Name and Address of Reporting Person* GILEAD SCIENCES, INC.					2. Issuer Name and Ticker or Trading Symbol Xilio Therapeutics, Inc. [ XLO ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director					
(Last) (First) (Middle) 333 LAKESIDE DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024								Officer ( below)	pecify			
(Street) FOSTER (City)		'A State)	94404 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Lir	e)  Form fil					
(Oity)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			able I - Non-	-Deriva	live 3	ecurille	SAC	quirea,	פוט	poseu c	DI, OF DE	nencian	y Owned				
Date			:. Transact Date Month/Day	nsaction 2A. Deemed Execution Date, if any (Month/Day/Year)		Execution Date, if any		Transaction Disposed Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 a		5. Amoun Securities Beneficial Owned Fo	lly	Form	: Direct I Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount (A) or (D)		or Price	Transacti	Transaction(s) Instr. 3 and 4)					
Common Stock 12/2			12/18/2	3/2024		P		1,759,978 A		\$1.0	9,105	9,105,451		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Transaction Execution Date, if any (Month/Day/Year)  3. Transaction Execution Date, if any (Month/Day/Year)  4. Transaction Code (Instr. 8)  4. Transaction Code (Instr. 8)  5. Number of Derivative Securities (Month/Day/Year)		(A)	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Amoth Securities Under Derivative Securities Under Unstr. 3 and 4)			Underlying Security		derivativ Securitie Beneficia Owned Followin Reported	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
Code V (A) (D) Date Exp				Expiration Date	Title	Amount o Number o Shares		Transaction(s) (Instr. 4)									
Prefunded Warrants (right to buy)	\$0.0001	12/18/2024		P		6,092,816		(1)		(1)	Common Stock	6,092,83	6 \$1.0399	9,975,;	266	D	

## Explanation of Responses:

1. The Prefunded Warrants have no expiration date and are exercisable at any time on or after the date of issuance. A holder of Prefunded Warrants may not exercise the Prefunded Warrants if, after giving effect to such exercise, the holder and its affiliates would beneficially own, for purposes of Section 13(d) of the Securities Exchange Act of 1934, as amended, more than 19.99% of the outstanding shares of Common Stock of the

Gilead Sciences, Inc. By: /s/

12/19/2024

Andrew D. Dickson \*\* 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.