SEC Form 4	
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Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

I

OMB Number:	3235-0287
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Filed pursuant to Section 16(a) of the Securities Exchange	e Act of 1934
or Section 30(h) of the Investment Company Act of	

1. Name and Address of Reporting Person [*] Weber Darin J.			2. Issuer Name and Ticker or Trading Symbol <u>PROKIDNEY CORP.</u> [PROK]		ationship of Reporting Po all applicable) Director	10% Owner					
(Last) (First) (Middle) C/O PROKIDNEY CORP 2000 FRONTIS PLAZA BLVD, SUITE 250		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/20/2024	X	Officer (give title below) Chief Regulatory	Other (specify below) ry Officer					
		VD, SUITE 250	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	6. Individual or Joint/Group Filing (Check App Line)						
			—	X	Form filed by One Reporting Person						
(Street) WINSTON- SALEM	NC	27103			Form filed by More th Person	an One Reporting					
			Rule 10b5-1(c) Transaction Indication								
(City)	(State)	(Zip)	X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is int satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								
		Table I - Non-Deri	vative Securities Acquired, Disposed of, or Bene	ficially	^v Owned						

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Class A Ordinary Shares	05/20/2024		S ⁽¹⁾		17,238	D	\$ 4.0832 ⁽²⁾	137,956	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number 6. Date Exercisable and Expiration Date 0f Expiration Date Derivative (Month/Day/Year) Securities (Month/Day/Year) Acquired (Instr. 3, 4 and 5) (A) (D) Date Expiration Date Expiration Date Expiration Date		Expiration Date (Month/Day/Year) Amount of Securities Underlying Derivative		Amount of Securities Underlying Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v				Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The reported sale of shares occurred automatically pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 20, 2023.

2. The price reported is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$3.74 to \$4.44, inclusive. The reporting person undertakes to provide to ProKidney Corp., any security holder of ProKidney Corp., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.



** 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.