FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours por 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).

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

Name and Address of Reporting Person* Culleton Bruce				2. Issuer Name and Ticker or Trading Symbol PROKIDNEY CORP. [PROK]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				Ito	XIDI\L	10	<u>OKI.</u> [11	tok j		X	Director			10% Owr	ner	
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/03/2023						X	Officer (g	give title		Other (sp below)	ecify
C/O PROKIDNEY CORP					12/03/2023							Chief Executive Officer				
2000 FRONTIS PLAZA BOULEVARD, SUITE 250			50 4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Ind Line)	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WINSTC	N- N	C	27103								X		,	•	ing Person One Reportir	ng Person
					Rule 10b5-1(c) Transaction Indication											
(City)	(S	State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date				2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.				5. Amount Securities Beneficiall Owned Fol	Form: y (D) or		: Direct Ir Indirect B str. 4) C	. Nature of ndirect Seneficial Ownership		
								Code V	Amount	(A) (D)	Price	Reported Transactio (Instr. 3 an			(Instr. 4)
	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)	rivative Conversion Date Execution Date, Trai curity or Exercise (Month/Day/Year) if any Cod		Transa Code (nsaction Derivative E			Expiration Date Sec (Month/Day/Year) Dec		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Employee stock option (right to buy)	\$1.69 ⁽¹⁾	12/03/2023		A		2,000,000		(2)	12/03/2033	Class A Ordinary Shares	2,000,000	\$0.00	2,000,0	00	D	

Explanation of Responses:

- 1. The Exercise Price is equal to the greater of (i) the thirty day average stock price of the Company's Class A Ordinary Shares on the Nasdaq Stock Market ("Nasdaq") as of the date of grant (the "Grant Date") and (ii) the closing price of the Company's Class A Ordinary Shares on Nasdaq as of the Grant Date.
- 2. The option vests 25% on the first anniversary of November 15, 2023 and the remaining 75% vests in substantially equal quarterly installments over the following 36 months on each quarterly anniversary of November 15, 2023, subject to continued employment through each such vesting date.

Remarks:

/s/ Todd Girolamo, attorney in

fact

** Signature of Reporting Person

Date

12/05/2023

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.