| SEC Form 4 | |
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| FORM 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION |

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

Instruction 1(b)

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Washington, D.C. 20549

OMB APPROVAL

| OMB Number: 3235-0287 | | | | | | | |
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| Estimated average burden | | | | | | | |
| hours per resp | onse: 0.5 | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| 1. Name and Address of Reporting Person [*] Lotvin Alan | | | | er Name and Ticke KIDNEY CC | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|---|----------------|--------------|-------------------|--|----------------|----------------------------|--|----------------------------|-----------------|----------------|--|
| (Last) | (First) | (Middle) | 3. Date 05/30/ | of Earliest Transa 2024 | ction (Month/D | ay/Year) | | Officer (give title below) | Other | (specify /) | |
| C/O PROKIDNEY CORP 2000 FRONTIS PLAZA BLVD, SUITE 250 | | | 4. If Am | nendment, Date of | Original Filed | Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) WINSTON | | | | | | | | Form filed by Mo Person | re than One Rep | orting | |
| SALEM NC 27103 | | | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | |
| (City) | (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 - No | n-Derivative S | ecurities Acq | uired, Dis | osed of, or Benefi | cially (| Owned | | | |
| 1. Title of Securi | ity (Instr. 3) | | 2. Transaction | 2A. Deemed | 3. | 4. Securities Acquired (A) | or | 5. Amount of | 6. Ownership | 7. Nature of | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|---|--------------|---|---|---------------|---|---|---|------------|
| | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 5. Number of 6. Date Exercisable and 7. Title and 1. Title of 3. Transaction 3A. Deemed 8. Price of 9. Number of 10. 11. Nature 2. Conversion Amount of Securities Underlying Derivative Securities Expiration Date (Month/Day/Year) Derivative Date Execution Date Transaction Derivative derivative Ownership of Indirect Security (Instr. 3) or Exercise Price of if any (Month/Day/Year) Code (Instr. 8) Security (Instr. 5) Form: Direct (D) Beneficial Ownership (Month/Day/Year) Securities Acquired (A) Beneficially Owned Following Reported Transaction(s) or Disposed of (D) (Instr. 3, 4 and 5) Derivative Security (Instr. 3 and 4) or Indirect (I) (Instr. 4) Derivative (Instr. 4) Security Amount (Instr. 4) or Number Date Exercisable Expiration Date of Shares Code v (A) (D) Title Director Class A stock 62,558⁽¹⁾ 62,558 05/30/2024 (2) \$4 2 05/30/2034 62 558 D option Α Ordinary \$<mark>0</mark> (right to Shares buy)

Explanation of Responses:

1. These options were granted under the Issuer's non-employee director compensation policy.

2. The options will vest in full on the sooner of the one-year anniversary of the date of grant or the date of Company's next annual general shareholder meeting.

/s/ Todd Girolamo, attorney in fact 06/03/2024

** 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.