FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Carson William H.</u>				Anı	2. Issuer Name and Ticker or Trading Symbol Annexon, Inc. [ ANNX ]									all app Direc	licable) tor	ng Per	rson(s) to Is:	ner	
(Last)	(Fir	st) (N	(liddle		3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024									Office	r (give title		Other (s below)	pecify	
C/O ANNEXON, INC. 1400 SIERRA POINT PKWY, BLDG C, STE 200				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person							
(Street) BRISBA	NE CA	CA 94005			Rul	Form filed by More than On Person  Rule 10b5-1(c) Transaction Indication										n One Repo	orting		
(City)	(Sta	ate) (Z	ip)			Check tl	nis box	to indi	cate tha	it a tran	saction was m ions of Rule 10	ade pur	suant to a	contra	act, instru 10.	uction or writt	en pla	n that is inten	ided to
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	uired	l, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Year) if any							Acquired (A) o f (D) (Instr. 3, 4 a		and 5) Sec Ben Owr		Amount of curities neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 06/03/20				024				P <sup>(1)</sup>		3,200	A	\$4.83	1(2)	9,600			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 Date (Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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 (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. The transactions reported herein were effected pursuant to the Reporting Person's Rule 10b5-1 trading plan, adopted January 4, 2024.
- 2. This transaction was executed in multiple trades in prices ranging from \$4.60 to \$5.01, inclusive. The price reported in Column 4 above reflects the weighted average purchase price. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.

/s/ Jennifer Lew, Attorney-in-**Fact** 

06/0<u>5/2024</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.