

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

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>Samsara BioCapital GP, LLC</u> <hr/> (Last) (First) (Middle) 628 MIDDLEFIELD ROAD <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 02/27/2024	3. Issuer Name and Ticker or Trading Symbol <u>vTv Therapeutics Inc. [ VTVT ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	265,620	I	By Samsara BioCapital, L.P. <sup>(1)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Pre-Funded Warrants (Right to Buy)	(2)	(2)	Class A Common Stock	833,693	0.01	I	Samsara BioCapital, L.P. <sup>(1)</sup>

1. Name and Address of Reporting Person* <u>Samsara BioCapital GP, LLC</u> <hr/> (Last) (First) (Middle) 628 MIDDLEFIELD ROAD <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)		
--	--	--

1. Name and Address of Reporting Person* <u>Samsara BioCapital, L.P.</u> <hr/> (Last) (First) (Middle) 628 MIDDLEFIELD ROAD <hr/> (Street) PALO ALTO CA 94301 <hr/> (City) (State) (Zip)		
--	--	--

Explanation of Responses:

1. These securities are held by Samsara BioCapital, L.P. ("Samsara LP"). Samsara BioCapital GP, LLC ("Samsara LLC") is the general partner of Samsara LP and may be deemed to beneficially own the securities held by Samsara LP. Dr. Srinivas Akkaraju, MD, Ph.D. has voting and investment power over the shares held by Samsara LP and, accordingly, may be deemed to beneficially own the securities held by Samsara LP. Samsara LLC disclaims beneficial ownership in these securities except to the extent of its pecuniary interest therein. Dr. Akkaraju is a director of the Issuer and files separate Section 16 reports.

2. The Pre-Funded Warrants have no expiration date and are exercisable at any time after the date of issuance. A holder of Pre-Funded Warrants may not exercise the Pre-Funded Warrant if the holder, together with its affiliates, would beneficially own more than 9.99% of the number of shares of Class A Common Stock outstanding immediately after giving effect to such exercise.

Samsara BioCapital GP,  
LLC, By /s/ Srinivas  
Akkaraju, Managing  
Member 02/29/2024

Samsara BioCapital, L.P.,  
By: Samsara BioCapital  
GP, LLC, its General  
Partner, By /s/ Srinivas  
Akkaraju, Managing  
Member 02/29/2024

\*\* 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 5 (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.**