FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

A / la : 4	D C	20540
Vashington,	D.C.	20549

OMB APPROVAL									
OMB Number: 3235-0287									
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

Name and Address of Reporting Person* Etherington Robert Dee				2. Issuer Name and Ticker or Trading Symbol Clene Inc. [CLNN]						(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Ethernigton Robert Dee</u>													Directo			10% Ow		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/29/2023				7	Officer below)	(give title	le Other (s below)		pecify			
6550 SOUTH MILLROCK DRIVE					100/2	06/29/2023						Chief Executive Officer						
SUITE G50					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)												2	X Form filed by One Reporting Person					
SALT LA	AKE U	Т	84121										Form fi Person		e than	One Report	ing	
					Ru	Rule 10b5-1(c) Transaction Indication												
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to							to						
	╵	satisf	y the affirn	native	defense condi	tions of Rule	10b5-1(c). S	ee Instructior	10.									
		Tal	ole I - Non-	Deriva	ative	Sec	curities	s Ac	quired, D	isposed (of, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year) if a		2A. Deemed Execution Date, f any Month/Day/Yea		e, Transaction Dispose Code (Instr. 5)		rities Acqui ed Of (D) (Ir	red (A) or str. 3, 4 and	Beneficia Owned F	es For ally (D) Following (I) (I		rm: Direct (or Indirect ((Instr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	/ Amoun	t (A)	Price	Reported Transact (Instr. 3 a	tion(s)			Instr. 4)				
			Table II - D (e						uired, Dis				Owned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		Date Ex (Month/Day/Year) if	Execution Date, if any	Co	Transaction Code (Instr.		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		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)				
Stock Options (Right to buy)	\$0.9	06/29/2023			A		900,000		(1)	06/29/2033	Common Stock	900,000	\$0.00	900,000		D		

Explanation of Responses:

1. This option was granted on June 29, 2023 as an option for 900,000 shares of Common Stock under the Clene Inc. Amended 2020 Stock Plan at an exercise price of \$0.90 per share. The options vest with respect to the first 25% of such shares on June 29, 2024 and then in 36 equal installments of the balance of the shares of Common Stock on the last day of each calendar month beginning July 29, 2024 until such shares are fully vested. If Clene Inc. has an NDA accepted by the FDA, 50% of the option shares shall vest on that date. If the FDA approves the accepted NDA, the then remaining unvested option shares shall vest on that date.

Remarks:

/s/ Jerry Miraglia POA

07/03/2023

** 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.