FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
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| racimigraii, | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Mosca Alison | | | | | <u>C1</u> | 2. Issuer Name and Ticker or Trading Symbol Clene Inc. [CLNN] | | | | | | | elationship of the contract of | cable) | Person(s) to Iss | | |
|---|---|----------------------|---|--------|---|---|--|---|--|--|---|---|--|--|---|--|--|
| (Last) | (Fi | rst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/11/2024 | | | | | | | | Officer (give title below) | | specify | |
| 6550 SOUTH MILLROCK DRIVE SUITE G50 | | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) SALT LA | AKE U | Г | 84121 | | R | مارا | 10h5- | 1(c) | Transa | ction Ind | lication | | Form f Persor | | han One Repo | rting | |
| (City) | (S | tate) | (Zip) | | | Chec | k this box | to indi | | nsaction was r | nade pursua | | | n or written pla | n that is intended | i to | |
| | | Tab | le I - Non | -Deriv | vativ | e Se | curities | s Ac | quired, D | isposed o | of, or Be | neficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | | | Execut | | Date, | Transaction Disposed Of Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | 5. Amour Securitie Beneficia Owned F | Form (D) o | orm: Direct 0) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | (Instr. 4) | | |
| | | ٦ | Fable II - E | | | | | | uired, Dis , options | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | ate, | 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) | 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 | | | | | |
| Stock Options (Right to buy) | \$0.44 | 03/11/2024 | | | A | | 44,959 | | (1) | 03/11/2034 | Common Stock | 44,959 | \$0.00 | 44,959 | D | | |

Explanation of Responses:

1. This option was granted on March 11, 2024 as an option for 44,959 shares of Common Stock under the Clene Inc. Amended 2020 Stock Plan at an exercise price of \$0.44 per share. The options vest immediately upon grant.

Remarks:

/s/ Jerry Miraglia POA

03/12/2024

** 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.