SEC For	m 4 FORM	4	UNITED) STA	TES	SS	ECUR	ITIE	S AND	E	XCHA	NG	E C	омг	MIS	SION					
							Washington, D.C. 20549										OMB APPROVAL			/AL	
Section 16. Form 4 or Form 5 obligations may continue. See					d purs	NT OF CHANGES IN BENEFICIAL OWNER d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										Estimated			umber: 3235-0287 ed average burden er response: 0.5		
1. Name and Address of Reporting Person* <u>Mosca Alison</u>						2. Issuer Name and Ticker or Trading Symbol <u>Clene Inc.</u> [CLNN]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (give title Other (specify					ner	
(Last) (First) (Middle) 6550 SOUTH MILLROCK DRIVE SUITE G50						3. Date of Earliest Transaction (Month/Day/Year) 05/18/2021									below) below)						
(Street) SALT LAKE CITY UT 84121						4. If Amendment, Date of Original Filed (Month/Day/Year) 05/18/2021									.ine)	. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)																					
		Tab	le I - Non	-Deriv	ative	e Se	curities	s Ac	quired, D	isp	oosed o	f, or	r Ben	efici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						Execution Date,			, Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4			4 and Securitie Benefici Owned F		es For ially (D) Following (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	/	Amount		(A) or (D)	Pric	Price Reported Transactio (Instr. 3 an		ion(s)			Instr. 4)	
		-	Fable II - I (uired, Dis , options							Dwned					
			Fransa Code (I	ansaction of ode (Instr. Derivative		ve es d ed nstr.	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Securit d 4)	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)	Beneficial Ownership (Instr. 4)			
						Data		whitetian		I	Amou or Numb										

			Code	v	(A)	(D)	Exercisable	Date	Title	Shares			
Stock Options (Right to buy)	\$9.1 ⁽¹⁾	05/18/2021	A		2,479		(2)	05/18/2031	Common Stock	2,479	\$0.00	2,479	
Stock Options (Right to buy)	\$9.1 ⁽³⁾	05/18/2021	A		30,000		(4)	05/18/2031	Common Stock	30,000	\$0.00	30,000	

Explanation of Responses:

1. This Form 4 amendment is being filed to correct a Form 4 filed on May 18, 2021. The corrected exercise price is \$9.10 and the corrected number of options granted is 2,479.

2. This option was granted on May18, 2021 as an option for 2,479 shares of Common Stock under the Clene Inc. 2020 Stock Plan at an exercise price of \$9.10 per share. The options vest immediately upon grant.

3. This Form 4 amendment is being filed to correct a Form 4 filed on May 18, 2021 to reflect a correction in the exercise price related to the grant of an option for 30,000 shares of common stock of Clene Inc. 4. This option was granted on May18, 2021 as an option for 30,000 shares of Common Stock under the Clene Inc. 2020 Stock Plan at an exercise price of \$9.10 per share. The options vest in 12 equal installments of Common Stock on the 18th day of each calendar month, beginning June 18, 2021, until such shares are fully vested.

Remarks:

<u>/s/ Jerry Miraglia POA</u> ** Signature of Reporting Person

05/25/2021 Date

D

D

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.