

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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>Valle Franco</u>  (Last) (First) (Middle) C/O EIDOS THERAPEUTICS, INC. 101 MONTGOMERY STREET, SUITE 2000  (Street) SAN FRANCISCO CA 94104  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Eidos Therapeutics, Inc. [ EIDX ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Senior Vice President, Finance</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>01/26/2021</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

**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)	3A. Deemed 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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$7.24	01/26/2021		D			24,350	(1)(2)	05/06/2028	Common Stock	24,350	(1)(2)	0	D	

**Explanation of Responses:**

- Pursuant to the terms of the Agreement and Plan of Merger dated October 5, 2020 (the "Merger Agreement"), by and among the Issuer, BridgeBio Pharma, Inc. ("Parent"), Globe Merger Sub 1, Inc., an indirect wholly owned subsidiary of Parent ("Merger Sub"), and Globe Merger Sub II, Inc., an indirect wholly owned subsidiary of Parent ("Merger Sub II"), Merger Sub was merged with and into the Issuer, with the Issuer continuing as the surviving corporation and immediately thereafter, the Issuer was merged with and into Merger Sub II, with Merger Sub II continuing as the surviving corporation, effective as of January 26, 2021 (the "Effective Time").
- (Continued From Footnote 1) The option vests over four years after March 28, 2018. At the Effective Time, each such option was cancelled, assumed by Parent and replaced with an option to purchase 1.85 shares of Parent common stock at an exercise price per share of Parent common stock equal to the exercise price per share of the Issuer option divided by 1.85. Such Parent stock option is subject to the same terms and conditions applicable to the Issuer option immediately prior to the Effective Time.

**Remarks:**

/s/ Franco Valle 01/28/2021  
 \*\* 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.