FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse.	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* <u>Gupta Rishi</u>			2. Issuer Name and Ticker or Trading Symbol Turnstone Biologics Corp. [TSBX]								telationship of the contract o	able)	Pers	` '				
(Last)	,	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/16/2023								Officer below)	(give title		Other (s below)	pecify	
C/O TURNSTONE BIOLOGICS CORP. 9310 ATHENA CIRCLE, SUITE 300				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	LA C	A	92037											led by More	d by More than One Repo		rting	
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Non	-Deriva	ative	Sec	curities	Ac	quired, D	isposed (of, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transa: Date (Month/D			Day/Year) Executi		A. Deeme Execution f any Month/Da	Date,	3. Transaction Code (Instr. s) 8) 4. Securities Acq Disposed Of (D) (5)				5. Amount of Securities Beneficially Owned Following		Form	: Direct Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership			
						Code V	Amount	(A) o (D)	r Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)				
		7	Table II - D						uired, Dis , options				Owned					
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)				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)	
				Co	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$2.61	10/16/2023		-	A		25,540		(1)	10/15/2033	Common Stock	25,540	\$0.00	25,540		D ⁽²⁾		

- 1. Thirty three and thirty three one hundreds percent (33.33%) (and thirty three and thirty four one hundreds percent (33.34%) for year three) of the shares subject to the option will vest in three (3) annual installments commencing on the date of the first annual general meeting of stockholders occurring after October 12, 2023, subject to the Reporting Person's continuous service through each such vesting date.
- 2. Pursuant to an agreement between OrbiMed Advisors LLC and OrbiMed Capital GP VI LLC, the Reporting Person is obligated to transfer any securities issued under any such stock options or other awards, or the economic benefits thereof, to OrbiMed Advisors LLC and OrbiMed Capital GP VI LLC, which will in turn ensure that such securities or economic benefits are provided to OrbiMed Private Investments VI, LP.

Remarks:

/s/ P. Joseph Campisi, Jr., Attorney-in-Fact

10/17/2023

** 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.