FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| 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

| 1. Name and Address of Reporting Person* Andersen Jill | | | | | 2. Issuer Name and Ticker or Trading Symbol Adagio Therapeutics, Inc. [ADGI] | | | | | | (Ch | eck all application | able) | Person(s) to Issuer 10% Owner Other (specify | | |
|---|--|--|----------------------------------|-----------------|--|--------------|--|----------------------------|---|------------------|---|---|---|--|-----|-------------|
| (Last) (First) (Middle) C/O ADAGIO THERAPEUTICS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/30/2022 | | | | | | | below) | .0 | below ficer, Secreta | | |
| 1601 TRAPELO ROAD, SUITE 178 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) WALTH | AM M | [A | 02451 | | Lin | | | | | | | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | |
| | | Та | ble I - Non- | Derivati | ve Se | ecuritie | s Acc | quired, I | Disp | osed c | f, or Be | neficiall | / Owned | | | |
| Date | | | . Transacti Date Month/Day | Execution Date, | | Code (Instr. | | ed (A) or str. 3, 4 and | 5. Amoun Securities Beneficia Owned For Reported | Forn (D) o | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pric | | Transaction(s) (Instr. 3 and 4) | | | (iiisti. 4) |
| | 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) (Month/Day/Year) 3. Deemed Execution Date if any (Month/Day/Year) | Code (Instr. | | Derivative I | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s | Ownersh Form: Direct (D or Indirect (I) (Instr. | Beneficial Ownership tt (Instr. 4) | | |
| | | | | | v | (A) | | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option (Right to Buy) | \$6.78 | 01/30/2022 | | A | | 575,000 | | (1) | 0 | 1/29/2032 | Common Stock | 575,000 | \$0.00 | 575,000 |) D | |

Explanation of Responses:

1. This option vests in equal monthly installments over a four-year period measured from one month following January 30, 2022, subject to the Reporting Person's continuous service as of the applicable vesting date.

Remarks:

/s/ Jane Pritchett Henderson, Attorney-in-Fact

02/01/2022

** 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.