FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB North and	0005 0007								
OMB Number:	3235-0287								
Estimated average burden									
hours per response.	0.5								

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* VON RICKENBACH JOSEF H						2. Issuer Name and Ticker or Trading Symbol Aileron Therapeutics, Inc. [ALRN]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024								_	(give title		Other (s below)		
C/O AILERON THERAPEUTICS, INC 12407 N. MOPAC EXPY. SUITE 250 #390						4. If Amendment, Date of Original Filed (Month/Day/Year) 03/01/2024							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) AUSTIN TX 78758													Form filed by More than One Reporting Person						
(City) (State) (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 - Nor	ı-Deriv	vative	Sec	uritie	s Ac	quired, D	ispo	sed o	f, or Be	neficial	ly Owne	t				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		Code (Ins	Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			Benefici Owned	es ally Following	Form (D) or	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code V	Α	mount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		(Instr. 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)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Instr 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		e and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code V (A) (D) Date Expiration Date						Title	Amount or Number of Shares											
Stock Option (right to buy)	\$4.72	02/28/2024			A		2,725		(1)	02/27	7/2034	Common Stock	2,725	\$0.00	2,725		D		

Explanation of Responses:

1. This option was granted on February 28, 2024. The shares underlying the option are scheduled to vest in full on the earlier of (i) February 28, 2025 or (ii) the date of the Issuer's 2024 Annual Meeting of Stockholders.

Remarks:

This amendment to Form 4 is being filed solely to correct the exercise price of the granted options previously reported as being \$4.80 to \$4.72, the adjusted closing price of the Issuer's stock on February 28, 2024

/s/ Brian Windsor, attorney-in-

fact for Josef H. von

Rickenbach

** Signature of Reporting Person

04/10/2024

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.