FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549

OMB APP	ROVAL
OMP Number:	2225.02

Section obligati	this box if no lo 16. Form 4 or ons may contir tion 1(b).		STAT		d pursuar	nt to Sec	tion 16(a) of the S	ecuriti	es Exchang	ge Act	of 193		RSHIP	Estim	Number: ated average bur per response:	3235-0287 den 0.5
	<u>iterprise</u>	Reporting Person* Associates 12	<u>, Limite</u>	<u>ed</u>	2. Issu	er Name	and Ticl	ker or Tra	ding S	Symbol				Check all app Direc	olicable)		Issuer Owner r (specify
Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/09/2019									below) below)					
Street) FIMONI City)	UM M		21093 (Zip)		4. If Ar	mendme	nt, Date o	of Origina	I Filed	(Month/Da	ay/Yea	r)		ine) Forn	n filed by On n filed by Mo	o Filing (Check e Reporting Pe re than One Re	rson
		Tabl	le I - Nor	n-Deriv	ative S	ecurit	ies Ac	quired,	Dis	posed o	f, or	Ben	eficia	ally Own	ed		
. Title of S	Security (Inst			2. Transa Date (Month/D	action	2A. De Execut if any		3. Transa Code	action	4. Securit	ies Ac	quired	(A) or	5. Am Secur Benef	ount of ities icially d Following	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	Trans	action(s) 3 and 4)		(instr. 4)
Common	Stock			12/09	/2019			A		400,00	0	A	\$ 6 .	.25 9,5	569,210	D ⁽¹⁾	
		Tá								sed of, onvertib				y Owned			
erivative Conversion Date Ecurity or Exercise (Month/Day/Year) if		3A. Deeme Execution if any	Execution Date, if any		4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis. Expiration Date (Month/Day/Yea		able and 7. Title an		le and unt of rities erlying rative rity (In	_	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code V	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount mber ares				
	<u>iterprise</u>	Reporting Person* Associates 12	<u>, Limite</u>	<u>ed</u>													
Last) 1954 GR SUITE 6	EENSPRIN 00	(First) IG DRIVE	(Mido	dle)													
Street) FIMONI	UM	MD	2109	93													
City)		(State)	(Zip)														
		Reporting Person* 2, Limited Par	rtnershij	<u> </u>													

(Middle)

21093

(Zip)

(First)

MD

(State)

1. Name and Address of Reporting Person*

NEA 12 GP, LLC

1954 GREENSPRING DRIVE

SUITE 600

(Street) **TIMONIUM**

(City)

(Last)	(First)	(Middle)					
1954 GREENSP	RING DRIVE						
SUITE 600							
(Street)		24000					
TIMONIUM	MD	21093					
(City)	(State)	(Zip)					

Explanation of Responses:

1. The securities are held by New Enterprise Associates 12, Limited Partnership ("NEA 12") and indirectly held by NEA Partners 12, Limited Partnership ("NEA Partners 12"), the sole general partner of NEA 12, NEA 12 GP, LLC ("NEA 12 GP"), the sole general partner of NEA Partners 12, and the individual managers of NEA 12 GP (NEA Partners 12, NEA 12 GP and the individual managers of NEA 12 GP together, the "Indirect Reporting Persons"). The individual managers of NEA 12 GP are Peter J. Barris, Forest Baskett, Patrick J. Kerins and Scott D. Sandell. The Indirect Reporting Persons disclaim beneficial ownership within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities of the issuer held by NEA 12 in which the Indirect Reporting Persons have no pecuniary interest.

Remarks:

/s/ Sasha Keough, attorney-in-12/09/2019

** 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.