FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549

OMB APPROVAL 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* Gottlieb Scott						2. Issuer Name and Ticker or Trading Symbol Tempus AI, Inc. [ TEM ]									ationship k all app Direc	licable)	ng Per	rson(s) to Is	
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2024									Office	er (give title /)		Other (s below)	specify
C/O TEMPUS AI, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
600 WEST CHICAGO AVENUE, SUITE 510													Line)  Form filed by One Reporting Person						
(Street)														Form filed by More than One Reporting Person					
CHICAC	CHICAGO IL 60654														FEISC	) I I			
-					Rule 10b5-1(c) Transaction Indication														
(City)	(Sta	ate) (Zip)			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.														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day						Deemed ution [ / th/Day	Date,				es Acquired (A) Of (D) (Instr. 3, 4				ies cially Following	Form: Direct		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Class A Common Stock 06/13/2					.024			A		88,514(1)	) [	4	\$ <mark>0</mark>	88	3,514		D		
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)		of		6. Date Exercisa Expiration Date (Month/Day/Year		te	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		De Se (In	Price of rivative curity str. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Numb of Share						

## **Explanation of Responses:**

1. Consists of previously granted restricted stock units ("RSUs") for which the liquidity event-based condition was satisfied upon the effectiveness of the registration statement on Form S-1 filed by the Issuer in connection with the Issuer's initial public offering, as well as, a grant of RSUs made in connection with the Issuer's Non-Employee Director Compensation Policy. Certain of the RSUs remain subject to service-based vesting conditions, as follows: (i) 25,000 RSUs one-fifth of which vest on July 1, 2024 with the remainder vesting in 16 equal quarterly installments commencing on October 1, 2024 and (ii) 13,514 RSUs vest in 20 substantially equal quarterly installments commencing on September 13, 2024.

/s/ Erik Phelps, Attorney-in-

**Fact** 

\*\* Signature of Reporting Person Date

06/17/2024

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.