| SEC Form 4 |  |
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Stock Option (Right to

Buy)

\$<mark>9.11</mark>

Explanation of Responses:

Issuer through such date.

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*<br>AKKARAJU SRINIVAS  |  |        | 2. Issuer Name and Ticker or Trading Symbol<br>Scholar Rock Holding Corp [ SRRK ] |                 |  |                 |         |                            | (Ch   | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable)<br>X Director 10% Owner |   |  |                                   |  |                                       |              |   |
|--|--|--------|---|-----------------|--|-----------------|---------|----------------------------|---|--|---|--|-----------------------------------|--|---------------------------------------|--------------|---|
| (Last)   | (F   | irst)  | (Middle)  |                 | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/21/2023 |                 |         |                            |   |  |   |  | (give title                       |  | Other (s<br>below)                    |              |   |
| 301 BINNEY STREET  |  |        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                          |                 |  |                 |         |                            | 6. Individual or Joint/Group Filing (Check Applicable Line)         |  |   |  | plicable                          |  |                                       |              |   |
| (Street)   |  |        |   |                 |  |                 |         |                            |   |  |   |  | X Form f                          | iled by One  | e Repo                                | orting Perso | n |
| CAMB   | RIDGE M  | IA     | 02142   |                 |  |                 |         |                            |   |  |   | Form filed by More than One Reporting<br>Person  |                                   |  | orting                                |              |   |
| (City)   | (S   | 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. |        |   |                 |  |                 |         |                            | ed to   |  |   |  |                                   |  |                                       |              |   |
|  |  | Tab    | le I - Non  | n-Deriva        | ative Se   | ecurities Ac    | quired, | Disp                       | osed (  | of, o  | r Ben   | eficial  | ly Owned                          | t  |                                       |              |   |
| Date   |  |        | 2. Transa<br>Date<br>(Month/D   | Execution Date, |  | Code (Instr. 5) |         |                            |   | d Securitie<br>Benefici<br>Owned I   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following |  | : Direct<br>r Indirect<br>str. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |              |   |
|  |  |        |   |                 |  |                 | Code    | v                          | Amount  | t  | (A) or<br>(D)   | Price  | Transaction(a)                    |  |                                       | (Instr. 4)   |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned   (e.g., puts, calls, warrants, options, convertible securities) |  |        |   |                 |  |                 |         |                            |   |  |   |  |                                   |  |                                       |              |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ivative Conversion Date Execution Date,<br>curity or Exercise (Month/Day/Year) if any  |        | 1.<br>Fransactior<br>Code (Instr<br>3)  |                 | Expiration Date<br>(Month/Day/Year)                            |                 |         | Amo<br>Secu<br>Und<br>Deri | itle and<br>bunt of<br>urities<br>erlying<br>vative So<br>tr. 3 and |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)           | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                                   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |              |   |

Date Exercisable

(1)

1. This option shall vest and become fully exercisable on the earlier of the first anniversary following the date of grant or on the date of the Issuer's next Annual Meeting subject to continued service to the

(D)

36,000

Expiration Date

06/21/2033

Title

Commor Stock

| <u>/s/ Junlin Ho, Attorney-in-Fact</u> | 06/22/2023 |
|--|------------|
| for Srinivas Akkaraju                  | 00/22/2023 |

Amount or Number

of Shares

36,000

\$<mark>0</mark>

36,000

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

06/21/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

A

V (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.