| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|--|---|--|--|---------------------------------|--|--|------|--|---|---|-------------------------------------|--|--|------------|--|---|--|--|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | Filed p | A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | |
| 1. Name and Address of Reporting Person [*] Bedrick Todd | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Absci Corp</u> [ABSI] | | | | | | | eck all applic Director | able) | , 10% O | | wner | | |
| (Last)(First)(Middle)C/O ABSCI CORPORATION18105 SE MILL PLAIN BLVD. | | | | 0 | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023 | | | | | | | A below) below) See Remarks | | | | | | |
| (Street) VANCOUVER WA 98683 | | | | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Lin | | | | | | | | Individual or Joint/Group Filing (Check Applicable he) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Та | ble I - Non-I | Derivati | ive Se | ecurities | s Ac | quired, D | isposed | of, or Be | neficially | y Owned | | | | | | |
| Date | | | | . Transacti ate Month/Day | Execution | | Date | Code (In | Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. | | ed (A) or .tr. 3, 4 and 5 | 5. Amour Securities Beneficia Owned F Reported | s Illy ollowing | Form | Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code \ | / Amount | (A) o (D) | r Price | Transacti (Instr. 3 a | | | | (1150.4) | | |
| 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. Deemed Execution Date if any (Month/Day/Yea | Code | action (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and of Securit Underlyin Derivative (Instr. 3 ar | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | | | | |
| Stock Option (right to buy) | \$2.01 | 03/01/2023 | | Α | | 100,000 | | (1) | 02/28/2033 | Common Stock | 100,000 | \$0 | 100,0 | 000 | D | | | |

Explanation of Responses:

1. 25% of the shares subject to this option, vest and become exercisable on March 1, 2024, and the remaining 75% of the shares subject to this option, vest and become exercisable in 36 equal monthly installments thereafter, until March 1, 2027, subject to the Reporting Person's continuous service to the Issuer on each such date.

Remarks:

Reporting Person's title: Senior Vice President, Chief Accounting Officer

/s/ Todd Bedrick

** Signature of Reporting Person

03/03/2023 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.