FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(a). See Instruction 1

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(C). Se	ee Instruction 1	U.																		
Name and Address of Reporting Person* Phelps Erik				2. Issuer Name and Ticker or Trading Symbol Tempus AI, Inc. [TEM]							Relationship of Reporting Person(s) to Issuer (Check all applicable)									
1 ncips	<u>LTIK</u>								-	-					Direc			10% Ov		
,					<u> </u>									- [Office below	er (give title		Other (s	specify	
(Last)	(Fir	st) (N	∕liddle)		3. Date of Earliest Transaction (Month/Day/Year)								EVP & Chief Admin & Legal Off							
C/O TEMPUS AI, INC.				11/0	11/01/2024									Evi & Chief Admin & Legal Off						
600 WEST CHICAGO AVENUE, SUITE 510																				
The state of the s			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. lı	6. Individual or Joint/Group Filing (Check Applicable									
(Street)							,		. 5			,	,	Line			. 5			
CHICAG	GO IL	6	0654												√ Form	filed by On	e Report	ing Perso	on	
Cincric	io il	V	0051													filed by Mo	re than 0	One Repo	orting	
															Perso	on				
(City)	(Sta	ate) (z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed				
1. Title of S	Security (Inst	r. 3)		2. Transac	tion										7. Nature of Indirect Beneficial					
Date (Month/Da					y/Year) Execution Date, if any (Month/Day/Year)		Date,	te, Transaction Code (Instr.				3, 4 an	d Securit Benefic							
' ' ' '			8)					Owned Report	Following	(I) (Insti		Ownership (Instr. 4)								
								Code	v	Amount	(A) (D)	or	Price	Transa	ction(s) 3 and 4)			(
Class A Common Stock 11/01/2				2024		A		20,000 ⁽¹⁾ A		\$ <mark>0</mark>	315,365		D							
		Tal	ـ اا ماد	Derivati	VA SC	Curi	tipe	Δcan	ired [Dien	osed of, o	or Re	nρfi	ciall	v Owner				<u> </u>	
		141									onvertib					•				
1. Title of	2.	3. Transaction	3A. Dec		4.			ımber			isable and		le and		8. Price of	9. Number			11. Nature	
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)	Execution Date, if any		Transaction Code (Instr.				Expiration Date Amount of (Month/Day/Year) Amount of Securities				Derivative Security	derivative Securities		Form: E	of Indirect Beneficial			
(Instr. 3)	(Instr. 3) Price of (Month/Day/Yea			/Day/Year)			` Securities		Underlyii			rlying		(Instr. 5)	Beneficiall		y Dii	Ownership		
	Derivative Security						Acquired (A) or Disposed		se				Derivative Security (Instr.			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)	
	-											3 and 4)				Reported Transactio	n(s)			
								of (D) (Instr. 3, 4								(Instr. 4)	11(5)	'		
					<u> </u>		and 5)													
												Amou		unt						
					Code V (A)								or Num	ber						
							(D)	Date Exercisable		Expiration Date	of Title Shares		es							
					Joue	<u> </u>	(~)	(5)		abie	Date	11118	Julian							

Explanation of Responses:

1. Represents a restricted stock unit ("RSU") grant. The RSUs will vest in sixteen equal quarterly installments beginning on January 15, 2025.

/s/ Erik Phelps

11/05/2024

** 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.