SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

OMB APPROVAL

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## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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* Chart Westcott Living Trust	2. Date of Event Requiring Statement (Month/Day/Year) 09/03/2020		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Tracon Pharmaceuticals, Inc.</u> [ TCON ]						
(Last) (First) (Middle) 100 CRESCENT COURT, SUITE 1620	_ 09/03/2020		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give X Other (specify		<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> </ul>				
(Street) DALLAS TX 75201	-		title below) A below) Member of 10% Group		Form filed by One Reporting Person X Form filed by More than One Reporting Person				
(City) (State) (Zip)	ble L - Non	Dorivati	ve Securities Benefic	ially O	wnod				
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$0.001 per sl	hare		1,840,078		I See		Footnotes <sup>(1)(2)(3)(4)</sup>		
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)									
1. Title of Derivative Security (Instr. 4)       2. Date Exercise         Expiration Date       (Month/Day/Yea)		ite	Underlying Derivative Security (Instr. 4) Convers		cise	e Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivati Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)	
1. Name and Address of Reporting Person <sup>*</sup> Chart Westcott Living Trust									
(Last) (First) (Mic 100 CRESCENT COURT, SUITE 162	idle) 0								
(Street) DALLAS TX 752	201	_							
(City) (State) (Zip	)								
1. Name and Address of Reporting Person <sup>*</sup> Ikarian Healthcare Master Fund	_								
(Last) (First) (Mic 100 CRESCENT COURT, SUITE 162	idle) 0								
(Street) DALLAS TX 752	201	_							
(City) (State) (Zip	)								
1. Name and Address of Reporting Person <sup>*</sup> Ikarian Healthcare Fund GP, L.	<u>P.</u>								

(Last) 100 CRESCEN	(First) NT COURT, S	(Middle) UITE 1620						
(Street) DALLAS	TX	75201						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person <sup>*</sup> Shahrestani Neil								
(Last) 100 CRESCEN	(First) NT COURT, S	(Middle) UITE 1620						
(Street) DALLAS	ТХ	75201						
(City)	(State)	(Zip)						

## **Explanation of Responses:**

1. This statement is jointly filed by and on behalf of each of Ikarian Healthcare Master Fund, L.P, a Cayman Islands exempted limited partnership (the "Fund"), Ikarian Healthcare Fund GP, L.P., a Delaware limited partnership ("Ikarian GP"), Chart Westcott and Neil Shahrestani (collectively referred herein as the "Reporting Persons"). Ikarian Capital, LLC, a Delaware limited liability company ("Ikarian Capital") is the investment manager of, and may be deemed to indirectly beneficially own securities owned by, the Fund. Ikarian GP is the general partner of, and may be deemed to indirectly beneficially own, securities beneficially own securities owned by, the Fund. Ikarian GP.

2. Ikarian Capital is a sub-advisor for certain separate managed accounts (collectively, the "Managed Accounts") and may be deemed to indirectly beneficially own securities owned by the Managed Accounts. Ikarian Capital is ultimately owned and controlled by Chart Westcott Living Trust, of which Mr. Westcott serves as the sole trustee (the "Trust"), and indirectly by Mr. Shahrestani. Accordingly, each of Mr. Westcott, as sole trustee of the Trust, and Mr. Shahrestani may be deemed to indirectly beneficially own securities beneficially owned by, Ikarian Capital. The Fund and the Managed Accounts are the record and direct beneficial owners of the securities covered by this statement. The Fund disclaims beneficial ownership of the shares held by the Managed Accounts.

3. The Reporting Persons state that neither the filing of this statement nor anything herein shall be deemed an admission that the Reporting Persons are, for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act") or otherwise, the beneficial owners of any securities covered by this statement. The Reporting Persons disclaim beneficial ownership of the securities covered by this statement, except to the extent of the pecuniary interest of the Reporting Persons in such securities.

4. The Reporting Persons may be deemed to be a member of a group with respect to the Issuer or securities of the Issuer for purposes of Section 13(d) or 13(g) of the Exchange Act. The Reporting Persons declare that neither the filing of this statement nor anything herein shall be construed as an admission that such persons are, for the purposes of Section 13(d) or 13(g) of the Exchange Act or any other purpose, a member of a group with respect to the Issuer or securities of the Issuer.

## **Remarks:**

IKARIAN HEALTHCARE MASTER FUND, L.P., By: Ikarian Healthcare Fund GP, L.P., Its: General Partner, By: Ikarian Capital, LLC, Its:	<u>09/17/2020</u>
<u>General Partner, By: Chart</u> <u>Westcott Living Trust, Its:</u> <u>Manager, By: /s/ Chart</u> <u>Westcott, Chart Westcott,</u> <u>Trustee</u>	
IKARIAN HEALTHCARE FUND GP, L.P., By: Ikarian Capital, LLC, Its: General Partner, By: Chart Westcott Living Trust, Its: Manager, By: /s/ Chart Westcott, Chart Westcott, Trustee	<u>09/17/2020</u>
CHART WESTCOTT LIVING TRUST, By: /s/ Chart Westcott, Chart Westcott, Trustee	<u>09/17/2020</u>
NEIL SHAHRESTANI, /s/ Neil Shahrestani	<u>09/17/2020</u>
** Signature of Reporting	Date

\*\* Signature of Reporting Person

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 5 (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.