FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | gton, D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours ner resnonse. | 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

| Name and Address of Reporting Person* Kelley Robert J. | | | | | 2. Issuer Name and Ticker or Trading Symbol Talis Biomedical Corp [TLIS] | | | | | | | | Relationship o eck all applic Director | able) | j Perso | on(s) to Issu 10% Ow Other (s | ner |
|--|--|--|---|-------------|---|--|--|--|--|---------------|-----------------|--|---|---|---------------|--|---|
| (Last) (First) (Middle) C/O TALIS BIOMEDICAL CORPORATION 230 CONSTITUTION DRIVE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/02/2021 | | | | | | | X Officer (give title Soft of Special Content (give title below) Chief Commercial Officer | | | | | |
| (Street) MENLO | PARK (| CA CA | 94025 | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | ndividual or Joint/Group Filing (Check Applicable E) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date | | | | . Transacti | action 2A. Deemed Execution Date, | | | 3. Transac Code (Ir | 3. 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | ed (A) or | 5. Amoun Securities Beneficia Owned Fe | s Illy ollowing | Form: | Direct Indirect Introduced Interest Int | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | ount (A) or (D) | | | nsaction(s) tr. 3 and 4) | | | Instr. 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 | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | of Securities | | ties ig e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | Code V (A) (D) Exercisable Date Expiration Date Title of Shares | | | | | | | | | | | | | | |
| Stock Option (right to buy) | \$6.17 | 10/02/2021 | | A | | 130,000 | | (1) | 10 | 0/01/2031 | Common Stock | 130,000 | (2) | 427,20 |)2 | D | |

- 1. 25% of the shares underlying this option shall vest on the first annual anniversary of the vesting commencement date and 1/48th of the shares underlying this option shall vest monthly thereafter over 36 months.
- 2. Price not required on initial report of stock option granted.

Remarks:

/s/ Karen E. Flick, Attorney-in-Fact for Robert J. Kelley

10/05/2021

** 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.