FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
|-------------|------|-------|--|

BENEFICIAL OWNERSHIP

| Check this box if no longer subject to | STATEMENT OF CHANGES IN |
|--|--|
| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the |

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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* Scott Randal W. | | | | | 2. Issuer Name and Ticker or Trading Symbol Talis Biomedical Corp [TLIS] | | | | | | | | Relationship neck all appl X Direct | cable) | g Per | son(s) to Is: | | |
|---|--|--|---|----------------|--|--|---------------------------------------|-----------|--|--------|-----------------|---|---|---|---|---|---|---------------------------------------|
| (Last) | (Fi | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023 | | | | | | | Office below | (give title | | Other (s | specify | |
| C/O TALIS BIOMEDICAL CORPORATION 1100 ISLAND DRIVE SUITE 101 | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 5. Individual or Joint/Group Filing (Check Applicable .ine) X Form filed by One Reporting Person | | | | | | |
| (Street) | OOD CA | Δ | 94065 | | | | | | | | | | | | filed by Mor | | - | - 1 |
| CITY | | A | 94065 | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | |
| (City) | (Si | tate) | (Zip) | | | 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. | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | Execution I | | | Code (In: | ransaction Disposed Of (D) (I ode (Instr. 5) | | | | Benefic | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | (A) c (D) | Price | Transac (Instr. 3 | ction(s) | | | ,iiisu. 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. Deemo Execution if any (Month/Da | Date, | 4. Transac Code (In 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | ly | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | piration ate | Title | Amount or Number of Shares | | | | | |
| Stock option (right to buy) | \$0.5 | 06/09/2023 | | | A | | 95,000 | | (1) | 06 | /09/2033 | Common Stock | 95,000 | \$0.00 | 95,000 |) | D | |

Explanation of Responses:

1.1/12th of the shares subject to the option shall vest monthly over one year from the vesting commencement date.

Remarks:

/s/ Gillian Green, Attorney-infact for Randal W. Scott

06/12/2023

** 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.