FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF	CHANG

SES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

Check this	box if no longer subject
to Section :	16. Form 4 or Form 5
obligations	may continue. See
Instruction	1(b).

548 MARKET STREET, #49404

CA

94104

(Street) SAN

FRANCISCO

obligat Instruc	ions may conti tion 1(b).	nue. <i>See</i>		Filed	d pursua or Se	ant to	Section	16(a) of the I	of the S	Securi	ties Exchange	e Act of :	1934			hours	per response:	0.5
1. Name and Address of Reporting Person * $\underline{Appelbaum\ Kevin\ J}$				2. Issuer Name and Ticker or Trading Symbol Better Therapeutics, Inc. [BTTX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					
(Last) (First) (Middle) C/O BETTER THERAPEUTICS, INC. 548 MARKET STREET, #49404				3. Date of Earliest Transaction (Month/Day/Year) 12/20/2021							X	belov	Officer (give title below) Chief Executive C		Other (specify below) Officer			
SAN FRANCISCO CA 94104				Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(5)		Zip) 	n-Deriva	tive 9	Sec	urities	Α	uired	Dis	sposed of,	or Be	nefi	cially	, Own	ed		
1. Title of	Security (Ins		1-140	2. Transac Date (Month/Day	tion	2A. Exc if a	. Deemed	ate,	3. Transa Code (8)	ction	4. Securities Disposed Of 5)	Acquire	d (A)	or	5. Amo Securi Benefi Owned	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Pric	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Stock			12/20/2	2021				P		1,000	A	\$4.	.5999	3	3,750	D	
Common	Stock														2,4	06,719	I	By Trust ⁽¹⁾
		Ta	ble II -								osed of, c				Owne	d		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) i	Execut if any	A. Deemed kecution Date, any Ionth/Day/Year)		4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Derivative Security (Instr. 5)			Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership ect (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	N O	Amour or Numbe of Shares	er				
	nd Address of Daum Kev	Reporting Person [*]																
	TTER THE	(First) RAPEUTICS, IN EET, #49404		iddle)														
(Street) SAN FRANC	ISCO	CA	94	104														
(City)		(State)	(Zi	p)														
Kevin Trustee Trust u	Appelbau e of the K	Reporting Person* m, or his sucevin Appelba ocable Trust inended	cesso: um R	levocabl														
(Last) C/O BE		(First) RAPEUTICS, IN		iddle)		_												

(City)	(State)	(Zip)	
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Explanation of Responses:

1. These shares are owned directly by Kevin Appelbaum, or his successor(s), as Trustee of the Kevin Appelbaum Revocable Trust under Revocable Trust Declaration dated May 16, 2020, as amended (the "Trust"), and indirectly by Mr. Appelbaum as trustee of the Trust. Mr. Appelbaum is an officer, director and ten percent owner of the Issuer.

Remarks:

/s/ Mark Heinen, Attorney-in-Fact for Kevin J. Appelbaum
/s/ Mark Heinen, Attorney-in-Fact for Kevin Appelbaum, or his successor(s), as Trustee of the Kevin Appelbaum
Revocable Trust under
Revocable Trust Declaration
dated May 16, 2020, as amended
** 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.