### FORM 4

### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  PFIZER INC						2. Issuer Name <b>and</b> Ticker or Trading Symbol BioAtla, Inc. [ BCAB ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner							
(Last) (First) (Middle) 235 E 42ND ST						3. Date of Earliest Transaction (Month/Day/Year) 12/18/2020									Officer (g below)	give ti	tle		her (sp low)	ecify	
(Street) NEW YORK NY 10017				4	4. If 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) (State) (Zip)																					
		T	able I - N	lon-D	erivat	ive	Secu	rities Ac	equire	ed, D	isposed o	f, or Be	nefici	ally	Owned						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				//Year)   Ex		A. Deemed execution Date, any Month/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following Reported		ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Natu Indirect Benefic Owner (Instr. 4	t cial ship			
										v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(		
Common Stock 12/18/2				8/2020	020		С		2,238,090	A	(1)		2,238,090		I		See Footnote(2)				
			Table I								posed of, convertil				wned						
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security		3. Transaction Date (Month/Day/Year)	Execution if any	A. Deemed 4. Execution Date,		action (Instr.	5. Number of Derivative		6. Date Exe Expiration I (Month/Day		cisable and	7. Title and Amou Securities Under Derivative Securi (Instr. 3 and 4)		int of ying	8. Price of Derivative Security (Instr. 5)	derit Secu Ben Owr Follo Rep	umber of vative urities eficially ned owing orted isaction(s)	Form Direct or In-	ership n: ct (D) direct estr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(A) (D)		isable	Expiration Date	Title	Amou Numb Share	er of		(Inst					
Series D Convertible Preferred Stock	(1)	12/18/2020		C				2,238,090	00 (1)		(1)	Common Stock	2,238,0		(1)	0		I		See Footnote (2) <sup>(2)</sup>	
1. Name and Address of Reporting Person*  PFIZER INC							,					,			,						
(Last) (First) (Middle) 235 E 42ND ST																					
(Street) NEW YORK NY 10017					-																
(City)		(State)	(Zip	)																	
1. Name and Address of Reporting Person*  Pfizer Ventures (US) LLC																					
(Last) (First) (Middle) 235 EAST 42ND STREET																					
(Street) NEW YC	)RK	NY	100	017																	
(City)		(State)	(Zip	))																	

## Explanation of Responses:

- 1. Each share of Series D Convertible Preferred Stock automatically converted into shares of the Issuer's Common Stock on a 1-for-1 basis upon the closing of the Issuer's initial public offering, for no additional consideration. The Series D Convertible Preferred Stock had no expiration date
- 2. Such shares are held of record by Pfizer Ventures (US) LLC, a wholly-owned subsidiary of Pfizer Inc.

Pfizer Inc. By: /s/Susan Grant, **Assistant Secretary** 

12/22/2020

Pfizer Ventures (US) LLC By: /s/Susan Grant, Secretary

12/22/2020

\*\* 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.