FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Smith Scott Andrew						2. Issuer Name and Ticker or Trading Symbol BioAtla, Inc. [BCAB]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						. — :								↓ X	Direc	Director		10% Owner		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023									Officer (give title below)		Other (s below)		specify	
C/O BIOATLA, INC. 11085 TORREYANA ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
												X	X Form filed by One Reporting Person							
(Street) SAN DIEGO CA 92121														Form filed by More than One Reporting Person						
					Rule	Rule 10b5-1(c) Transaction Indication														
(City)	(0	tato) (3	Zin)		Trais 1000 1(0) Traisaction malation															
(City) (State) (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 - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	oosed of	, or	Bene	ficial	ly Owr	ned				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.					Exec y/Year) if any		Deemed cution Date, ny nth/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	rities Acquired (d Of (D) (Instr. 3			Securi Benefi Owned Follow	5. Amount of Securities Beneficially Owned Following		irect c	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A)	or F	Price		ed action(s) 3 and 4)				
Common Stock 05/31/2						2023			F ⁽¹⁾		1,791]	D	\$3.15	311,535		D			
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)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative irities ired ir osed) r. 3, 4	6. Date Exercisable an Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4		Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amor or Numl of Share	ber						

Explanation of Responses:

1. This transaction is not a sale of shares by the Reporting Person. Instead, this represents shares that have been withheld by the Issuer to satisfy its income tax and withholding and remittance obligations in connection with the vesting and net settlement of previously reported restricted stock units.

Remarks:

/s/ Christian Vasquez, as
Attorney-in-Fact for Scott A. 06/01/2023
Smith

** 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.