(City)

(State)

(Zip)

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

						6(a) of the Securities Exchaine Investment Company Act					
1. Name and Addre	2. Date of Event Requiring Statement (Month/Day/Year) 08/26/2021		ement	3. Issuer Name and Ticker or Trading Symbol Aadi Bioscience, Inc. [AADI]							
(Last) (First) (Middle) C/O AVORO CAPITAL ADVISORS LLC			i	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
110 GREENE STREET, SUITE 800						Officer (give v Oth		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person	
(Street) NEW YORK	Y	10012	_			See Reine	II KS		3	Farm filed	by More than One Person
(City) (St	ate)	(Zip)									
		Ta	able I - Non	-D	erivati	ve Securities Benefi	cially	Owned			
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Instr. I)	Form (D) o	nership: 4. Nature of Indirect Beneficia Ownership (Instr. 5) str. 5)				
Common Stock, par value \$0.0001 per share					300,000		I	See footnotes		2)	
		(e.g				Securities Beneficiants, options, convert			s)		
´` E			2. Date Exerc Expiration Day/\ (Month/Day/\	ate		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conve	ercise	5. Ownership Form: Direct (D)	Ownership (Instr. 5)
						Amoui or Numbe	Derivat Securit	tive			
			Date Exercisable	Ex Da	piration ate	Title	of Shares				
1. Name and Addre	-	orting Person*									
(Last)	(First)	(Mic	ddle)								
C/O AVORO C 110 GREENE S			LLC								
(Street)				-							
NEW YORK	NY	100	012								
(City)	(State)	(Zip))								
1. Name and Addre											
(Last) (First) (Middle) 110 GREENE STREET SUITE 800											
(Street) NEW YORK	NY	100	10012								

Name and Address of Reporting Person* Avoro Ventures LLC								
(Last)	(First)	(Middle)						
110 GREENE STREET, SUITE 800								
(Street)								
NEW YORK	NY	10012						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. The securities reported herein are held on behalf of accounts managed by Avoro Capital Advisors LLC, a Delaware limited liability company ("Avoro Capital Advisors"). Behzad Aghazadeh ("Dr. Aghazadeh") serves as the portfolio manager and controlling person of Avoro Capital Advisors and Avoro Ventures LLC, a Delaware limited liability company ("Avoro Ventures", and together with Avoro Capital Advisors and Dr. Aghazadeh, the "Reporting Persons").
- 2. The filing of this statement shall not be deemed an admission that any Reporting Person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Act of 1934, as amended, or otherwise. Each of the Reporting Persons expressly disclaims beneficial ownership of the securities reported herein except to the extent of its or his pecuniary interest therein.

Remarks:

Avoro Capital Advisors and Avoro Ventures may be deemed directors by deputization of the Issuer by virtue of the fact that Dr. Aghazadeh currently serves on the board of directors of the Issuer

Avoro Capital Advisors

LLC, by: /s/ Scott Epstein,
its Chief Financial Officer
& Chief Compliance
Officer

Avoro Ventures LLC, by:
/s/ Scott Epstein, its Chief
Financial Officer & Chief
Compliance Officer
/s/ Behzad Aghazadeh

08/30/2021

** 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 5 (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.