SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-OMB Number: 0104

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 [*] Horizon Technology Finance	2. Date of Event Requiring Statement (Month/Day/Year) 07/11/2023	3. Issuer Name and Ticker or Trading Symbol <u>Evelo Biosciences, Inc.</u> [EVLO]		
<u>Corp</u>		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)		5. If Amendment, Date of Original Filed (Month/Day/Year)
(Last) (First) (Middle)		Director X	10% Owner	
312 FARMINGTON AVENUE		Officer (give title below)	Other (specify below)	
(Street)				6. Individual or Joint/Group Filing (Check Applicable Line)
FARMINGTON CT 06032				X Form filed by One Reporting Person
(City) (State) (Zip)				Form filed by More than One Reporting Person
Table I - Non-Derivative Securities Beneficially Owned				
1. Title of Security (Instr. 4)		2. Amount of SecuritiesBeneficially Owned (Instr.4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
			.,.,	
Common Stock		2,164,502	D	
		2,164,502 e Securities Beneficia ants, options, converti	lly Owned)
		e Securities Beneficia ants, options, converti	Ily Owned ble securities ecurities 4.	rsion Form: 6. Nature of Indirect Beneficial Ownership Indirect Beneficial Ownership (Instr.

Explanation of Responses:

/s/ Robert D. Pomeroy, Jr. 07/21/2023

Date

** Signature of Reporting Person

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.