FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECUR

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-028									
	Estimated average burden hours per response: 0.5									

Check this box to indicate that a
transaction was made pursuant to a
contract, instruction or written plan
for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

Instruction 1(b).

	ee Instruction 1															
Name and Address of Reporting Person* Calkins Daniel			2. Issuer Name and Ticker or Trading Symbol Verastem, Inc. [VSTM]						Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Caikins Dainei												Direc		10% (
							.	r: 4		(D. A()		-	▼ Office below	er (give title v)	below	(specify
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 01/10/2025						Chief Financial Officer					
C/O VEI	RASTEM, I	NC.,			01/10	0/202										
117 KEN	NDRICK ST	T., SUITE 500														
					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)													<u></u>	filed by One	e Reporting Per	eon
NEEDH	AM M	A 0	2494											-	re than One Re	
-													Perso		e triair One ive	porting
(City)	(St	ate) (2	<u>Z</u> ip)													
		Table	I - No	n-Deriva	tive S	ecur	rities Acq	uired,	Dis	posed of	, or Ber	neficia	ally Own	ed		
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		3. 4. Securities Acquir Transaction Disposed Of (D) (Ins Code (Instr. 8)				nd Securi Benefi	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Transa	iction(s) 3 and 4)		(Instr. 4)	
Common Stock 01/10/2				2025			A		38,800(1)	A	\$0.0	00 80	6,439	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transac Code (I 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D)	6. Date Expirat (Month	ion Da		7. Title an Amount of Securities Underlyin Derivative Security (3 and 4)	of s ng	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

1. Restricted stock units ("RSUs") granted to the Reporting Person under the Issuer's Amended and Restated 2021 Equity Incentive Plan. Each RSU represents the contingent right to receive one share of Common Stock. The RSUs vest as to 33.3% of the RSUs on the first three anniversaries of January 10, 2025 (the "RSU Grant Date") such that the award is fully vested on January 10, 2028 (with the number of RSUs vesting on each vesting date rounded down to the nearest whole RSU, except with respect to the final vesting date on which all remaining unvested RSUs shall vest), provided that the Reporting Person continues to serve as an employee of or other service provider to the Issuer on each such vesting date.

Exercisable

(D)

and 5)

(A)

/s/ Daniel Calkins

Title

Expiration

Date

01/14/2025

** Signature of Reporting Person

Amount Number

Shares

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).

Code

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.