FORM 3

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

Washington, D.C. 20549

## OMB APPROVAL 3235-OMB Number: 0104

Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Eychange Act of 1034

						ne Investment Company Act			1004				
1. Name and Soffer R	2. Date of Event Requiring Statement (Month/Day/Year) 04/16/2024			3. Issuer Name <b>and</b> Ticker or Trading Symbol Galera Therapeutics, Inc. [ GRTX ]									
(Last) (First) (Middle)					_	Relationship of Reporting Person(s) to Issuer     (Check all appliable)					5. If Amendment, Date of Original Filed (Month/Day/Year)		
9559 COLLINS AVENUE, #1009S						(Check all applicable)  Director X 10% Owner			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person  X Form filed by More than One Reporting Person				
(Street) MIAMI	·					Officer (give Other (specify title below) below)							
(City)	(State)	(Zip)											
		T	able I - Non	-Deriv	ativ	e Securities Benefic	cial	lly Ov	vned				
1. Title of Security (Instr. 4)						. Amount of Securities seneficially Owned (Instr. )	F	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						3,178,137(1)(2)		Г	D				
Common Stock						$2,750,000^{(1)(2)}$		I	I See		e Footnote <sup>(1)</sup>		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)  2. Date Exerc Expiration Da (Month/Day/Y			ate		3. Title and Amount of Sec Underlying Derivative Sec (Instr. 4)			4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
								nount			or Indirect (I) (Instr. 5)	3)	
			Date Exercisable	Expirat Date	ion	Title	of	mber ares					
Name and Address of Reporting Person*     Soffer Rochel						,							
(Last) (First) (Middle) 9559 COLLINS AVENUE, #1009S													
(Street) MIAMI													
(City) (State) (Zip)													
1. Name and Address of Reporting Person*  ALPHA PHARMA Investments LLC													
(Last) (First) (Middle) 9559 COLLINS AVENUE, #1009S													
(Street) MIAMI	FL	33	154	_									

## **Explanation of Responses:**

(State)

(Zip)

(City)

2. The Reporting Persons disclaims beneficial ownership of all securities owned by Yair Schneid, the spouse of Rochel Soffer, except to the extent of their pecuniary interest therein, if any.

/s/ Rochel Soffer, Sole

Member of Alpha Pharma 05/15/2024

Investments LLC

<u>/s/ Rochel Soffer</u> <u>05/15/2024</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.