FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 A	Address of Rep <u>UCa</u>	orting Person [*]	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 02/08/2021 3. Issuer Name and Ticker or Trading Symbol GigCapital4, Inc. [GIG]							
l	(First) APITAL4, IN ARCADERO CA		-		4. Relationship Issuer (Check all app X Directo X Officer title be	licable) or (give	10% O Other (below)	wner (specify	File 6. Ir	ndividual or Joeck Applicable Form filed l	int/Group Filing Line) by One Reporting by More than One
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					a. Amount of Securities deneficially Owned (Instr.) 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security (Instr. 4)			4. Convers		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
			(Month/Day/\	(ear)	(Instr. 4)			Price of		Direct (D)	5)

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Dr. Raluca Dinu</u> <u>02/08/2021</u>

** 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.