

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

☐ 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 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden	
hours per response:	0.5

1. Name and Address of Reporting Person* <u>Chen Bihua</u> (Last) (First) (Middle) <u>C/O HELIX ACQUISITION CORP. II</u> <u>200 CLARENDON STREET, 52ND FLOOR</u> (Street) <u>BOSTON</u> <u>MA</u> <u>02116</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>BridgeBio Oncology Therapeutics, Inc. [</u> <u>BBOT]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) ☒ Director ☒ 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>07/01/2026</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	
		6. Individual or Joint/Group Filing (Check Applicable Line) ☒ Form filed by One Reporting Person Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	07/01/2026		J ⁽¹⁾		4,528,186	D	\$0.00	0	I	Via Helix Holdings II LLC ⁽⁵⁾
Common Stock	07/01/2026		J ⁽²⁾		2,692,459	A	\$0.00	4,879,995	I	Via Fund III ⁽⁶⁾
Common Stock	07/01/2026		J ⁽³⁾		1,704,862	A	\$0.00	5,010,332	I	Via Fund V ⁽⁶⁾
Common Stock	07/01/2026		J ⁽⁴⁾		130,865	A	\$0.00	6,083,221	I	Via Master Fund ⁽⁶⁾
Common Stock								1,905,046	I	Via Fund IV ⁽⁶⁾

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		Date Exercisable	Expiration Date					
						(A) (D)			Title Amount or Number of Shares				

Explanation of Responses:

1. Represents a pro rata distribution to the members of Helix Holdings II LLC (the "Sponsor") for no consideration.
2. Cormorant Private Healthcare Fund III, LP ("Fund III"), which is an investment vehicle managed by Cormorant Asset Management, LP ("CAM"), is a member of the Sponsor and received such shares in a pro rata distribution by the Sponsor for no consideration.
3. Cormorant Private Healthcare Fund V, LP ("Fund V"), which is an investment vehicle managed by CAM, is a member of the Sponsor and received such shares in a pro rata distribution by the Sponsor for no consideration.
4. Cormorant Global Healthcare Master Fund, LP ("Master Fund"), which is an investment vehicle managed by CAM, is a member of the Sponsor and received such shares in a pro rata distribution by the Sponsor for no consideration.
5. Sponsor is the record holder of the securities reported herein. Fund III, Fund V, and Master Fund are the members of Sponsor. Bihua Chen is the manager of Sponsor and has voting and investment discretion with respect to the shares held of record by Sponsor. Each of Fund III, Fund V, Master Fund and Ms. Chen disclaims any beneficial ownership of the securities held by Sponsor other than to the extent of any pecuniary interest she or it may have therein, directly or indirectly.
6. CAM serves as the investment manager to Fund III, Cormorant Private Healthcare Fund IV, LP ("Fund IV"), Fund V, and Master Fund (collectively, the "Cormorant Funds"). Cormorant Private Healthcare GP III, LLC ("GP III") is the general partner of Fund III; Cormorant Private Healthcare GP IV, LLC ("GP IV") is the general partner of Fund IV; Cormorant Private Healthcare GP V, LLC ("GP V") is the general partner of Fund V; and Cormorant Global Healthcare GP, LLC ("Global GP") is the general partner of the Master Fund. Bihua Chen serves as the managing member of GP III, GP IV, GP V, and Global GP, and as the general partner of CAM. Accordingly, Ms. Chen has voting and investment discretion with respect to the shares held by each of the Cormorant Funds and CAM. Ms. Chen disclaims any beneficial ownership of the securities held by each of the Cormorant Funds other than to the extent of any pecuniary interest she may have therein, directly or indirectly.

Remarks:

Ms. Chen serves on the Board of Directors of the Issuer. Sponsor and the Cormorant Funds may be deemed to be directors by deputization as a result of the service of Ms. Chen.

/s/ Bihua Chen

07/06/2026

** 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 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).

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.