FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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	Washington,	D.C.	20549	

ANNUAL	STATEMENT	OF CHAN	GES IN BE	NEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								
hours per response.	1.0							

CHECK	this box if no lo	nger subject				Ü	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							OME	3 APPF	ROVAL
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).			STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP							Est	OMB Number: 3235-036 Estimated average burden hours per response: 1.					
Form 3	3 Holdings Rep	orted.														
Form 4	4 Transactions	Reported.	Filed	d pursuant to Se or Section 30												
1. Name and Address of Reporting Person* Farokhzad Omid			*	2. Issuer Name and Ticker or Trading Symbol Seer, Inc. [SEER]							Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner					Owner
(Last) (First) (Middle) C/O SEER, INC.			1	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020						X Officer (give title Other (specify below) CEO and Chair of the Board					w) ်	
3800 BR	IIDGE PAR	KWAY, SUITE	102													
(Street)				4. If Amendm	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
REDWC	OOD CA	(94065								X Form filed by One Reporting Person					
CITY											Form filed by More than One Reporting Person					
(City)	(Sta	ate) ((Zip)													
		Table	e I - Non-Deriva	ative Securi	ities	Acq	uired, D	isposed	of, o	Benefic	iall	y Own	ed			
1. Title of Security (Instr. 3)		2. Transaction	2A. Deemed Execution Date, if any			1 50	4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			Securities Beneficially		-4 -4	Ownership Form: Dire			
		,	Date (Month/Day/Year)	Execution Date, if any	Ti C	ransaci Code (In	tion Of (D) or Dispos		Securitie Beneficia	s	Owner Form:	rship Direct	Indirect Beneficial
		,	Date	Execution Date,	Ti C	ransaci Code (In	tion Of (D) (Instr. 3, 4		Price	_	Securitie	s ally t end of Fiscal	Owne	rship Direct ct (I)	Indirect
	Common St		Date	Execution Date, if any	Ti C	ransaci Code (In	Amo) (Instr. 3, 4	(A) or	· ·		Securitie Beneficia Owned a Issuer's I Year (Ins	ally t end of Fiscal tr. 3 and	Owner Form: (D) or Indired (Instr.	rship Direct ct (I) 4)	Indirect Beneficial Ownership
Class A (Common Sto	ock	Date (Month/Day/Year)	Execution Date, if any	Ti C	ransaci Code (In	Amo) (Instr. 3, 4	(A) or (D)	Price		Securitie Beneficia Owned a Issuer's I Year (Ins: 4)	s ally t end of Fiscal tr. 3 and	Owner Form: (D) or Indired (Instr.	rship Direct ct (I) 4)	Indirect Beneficial Ownership (Instr. 4)
Class A (Common Sto	ock ock	Date (Month/Day/Year) 12/04/2020 Lble II - Derivat	Execution Date, if any (Month/Day/Yea	es A	Gansact Gode (In	Amo	instr. 3, 4	(A) or (D)	Price \$0.00	ally	Securitie Beneficia Owned at Issuer's I Year (Inst 4) 102, 301,	es ally tend of Fiscal tr. 3 and 915	Owner Form: (D) or Indired (Instr.	rship Direct ct (I) 4)	Indirect Beneficial Ownership (Instr. 4)
Class A (ock ock	Date (Month/Day/Year) 12/04/2020 Ible II - Derivat (e.g., pt	ive Securiti uts, calls, w 4. Transaction Code (Instr. 8)	es A	Acquiants,	Amo 15 ired, Disoptions	unt 50,000 posed (conver	(A) or (D) Dof, or I tible s	Price \$0.00	ally s)	Securitie Beneficia Owned at Issuer's I Year (Inst 4) 102, 301,	es ally tend of Fiscal tr. 3 and 915	er of rees ally gd	rship Direct ct (I) 4)	Indirect Beneficial Ownership (Instr. 4) See footnote(1) 11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. The reported shares are held of record by Dynamics Group LLC for which the reporting person serves as the sole member.

Remarks:

/s/ Elona Kogan, by power of attorney

02/12/2021

** 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.