FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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

| 1. Name and Address of Reporting Person* TAGLIAFERRI MARY | | | | | 2. Issuer Name and Ticker or Trading Symbol ENZO BIOCHEM INC [ENZ] | | | | | | | | | | tionship of F all applicab Director | | Person(| (s) to Issuer | vner |
|---|--|-----------|-------------|---------------------|--|--|---------|--|------------------|--|---|-------------------|--------------------|---|---|---|--|--|----------|
| (Last) | (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/09/2023 | | | | | | | | | Officer (g below) | ive title | | Other (s below) | specify |
| C/O ENZO BIOCHEM, INC. 81 EXECUTIVE BLVD. SUITE 3 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) FARMINGDA (City) | LE NY | 11 (Zi | 735 | | | | | | | | | | | | Form file | d by More | than O | ne Reportin | g Person |
| (City) | (State) | | ble I - Noı | n-Deri | ivativ | e Se | curitie | s Acq | uired, l | Disp | osed of, | or E | Benefic | ially Ow | ned | | | | |
| Date | | | | e Enth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. | | ties Acquired (A) or I Of (D) (Instr. 3, 4 an | | | Following | urities neficially Owned lowing Reported | | nership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactio (Instr. 3 an | | | | (Instr. 4) | |
| Common Stock, \$0.01 Par Value ⁽¹⁾ 02/0 | | | | | 9/202 | 3 | | | A | A 75,188 A | | \$ <mark>0</mark> | 155, | 155,917 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Conversion Date Execution Date (Month/Day/Year) 3A. Deemed Execution Date if any (Month/Day/Year) | | | ate, | Code (Instr. | | 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) | | te | 7. Title and Am Securities Und Derivative Sec (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | nt (Instr. 4 | | on(s) | | |

Explanation of Responses:

1. The Reporting Person was granted Restricted Stock Units that will fully vest upon the earlier of: (i) the first anniversary of the grant date (i.e., February 9, 2024), or (ii) a change of control event.

/s/ Mary Tagliaferri 02/13/2023

** 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.