### **SUPPLEMENTAL MATERIAL**

#### **Extended Methods**

#### **Mice**

All animal experiments were carried out following the Guide for the Care and Use of Laboratory Animals (National Institutes of Health publication 85–23, revised 1996) and were approved by the Institutional Animal Care and Use Committee at Shanghai Jiao Tong University School of Medicine and Fujian Medical University. Male wild-type C57BL/6 mice aged 8–10 weeks were obtained from Beijing Vital River Laboratory Animal Technology Co., Ltd. Rnf149 conventional knockout (KO) mice were generated by disrupting the *Rnf149* gene using CRISPR–Cas9 gene editing at Cyagen Biosciences Inc (Suzhou, Jiangsu, China). Cas9 protein and two gRNAs (gRNA1: GATAGACATCTTTATAGTTCTGG, gRNA2: GGAAGTTTAGGAGTTCTATAAGG) were injected into fertilized eggs. The resulting embryos were transferred to recipient female mice to obtain F0 founder mice. The genotype of conventional knockout mice was confirmed by PCR using two pairs of primers (Common forward primer: 5'- TAGTGATCACAGAAGAGCTCTCACA-3'; reverse primer for mutant allele: 5'- AGTGGAAAAGCTGGTTTAGAATCAC-3'; reverse primer for wild-type allele: 5'- AGTGAGAAAATCACCAGGAACTGT-3') and sequencing. *Rnf149* heterozygous (+/-) mice were then crossed with *Rnf149* (+/-) mice to produce *Rnf149* null (-/-) (RNF149 knockout, termed RNF149KO) mice, with *Rnf149* (+/+) littermates serving as wild-type (WT) controls. All mice were maintained on C57BL/6 background, and male mice aged 8 to 10 weeks were used in this study. Given the well-established association of male gender with a heightened risk for cardiovascular diseases and the recognized protective effects of estrogen against inflammation and pathological remodeling following MI, we exclusively conducted all animal experiments using male mice to avoid potential impacts of sex-based differences in response to myocardial ischemia and to ensure the induction of robust myeloid immune responses and cardiac remodeling following ischemic challenge. Male mice were also utilized in our prior studies focusing on myeloid immune responses in the context of myocardial ischemia<sup>5-8</sup>. The ARRIVE 2.0 guidelines were followed for animal experiments. Mice were housed in a specific pathogen-free facility with a 12-h light/dark cycle and free access to food and water.

#### *In vivo* **randomization and blinding procedures**

The sample size of mice was calculated based on a priori analysis by G-Power 3.1.9.2 software (two-tailed, statistical power=80%, and  $\alpha$ =0.05; the effect size was determined based on preliminary experimental results and literature review). A priori power analysis indicated that a minimum of 5 mice per group is required for a comparative study. Randomization and allocation concealment were executed. Using a random number generator, the mice were randomly divided into groups. All animal experiments were performed and analyzed in a blinded fashion. Data collection and analysis were carried out by researchers who were unaware of the group assignment or treatment administered to the animals.

#### **Animal models and** *in vivo* **interventions**

Male mice, aged 8 to 10 weeks, were subjected to either permanent (MI) or transient (IR) ligation of the left anterior descending artery (LAD), while control group underwent a sham operation without ligation. In brief, mice were initially lightly anesthetized with diethyl ether, intubated using a 22-gauge tube, and then placed under full anesthesia with 1.5–2% isoflurane, while being mechanically ventilated with a specialized small rodent respirator. A left thoracotomy was performed between the third and fourth intercostal space to gain access to the left ventricle. The LAD segment, approximately 1.5 mm to 2 mm lower than the tip of the left auricle, was permanently ligated using an 8-0 monofilament nylon suture. Complete occlusion of the LAD was confirmed by the blanching of myocardial tissue distal to the ligature. Subsequently, the chest wall was closed, and air from the thorax was evacuated through a pleural catheter. For the induction of IR, a slipknot was fashioned around the LAD using a 70 silk suture against a PE10 tubing. After 45 minutes of ligation, the slipknot was released to allow reperfusion. The Sham-operated mice underwent the same surgical procedure, excluding the LAD ligation. Mice that died within 6 hours after surgery due to acute heart failure were excluded from the study; mice with echocardiographic ejection fraction (EF) greater than 50% on day 1 after surgery were considered surgical failure and excluded from the present study. Daily monitoring of all mice was carried out after MI. Following the sham or LAD ligation surgery, cardiac function was evaluated using echocardiography, and heart samples were collected at various time points for subsequent experiments.

Recombinant adeno-associated virus (AAV) and intra-bone marrow (BM) targeting interference: A recombinant AAV vector carrying a macrophage-specific RNF149 deletion plasmid or a negative control (NC) plasmid containing scramble shRNA was generated by Hanbio Biotechnology (Shanghai, China). The AAV2 viral vector harbors a macrophagespecific F4/80 promoter, a miR30-based shRNA targeting RNF149<sup>14</sup>, a cytomegalovirus promoter, and an enhanced GFP reporter. The nucleotide shRNA of mouse RNF149 was cloned using the following sequence: 5'-GAACAGGAAACATAGTCGTCATTAT-3'. AAV-F4/80-shRNF149 viral titer of 1.2 × 10<sup>13</sup> vector genomes (vg)/mL and AAV-F4/80-NC viral titer of 1.2  $\times$  10<sup>13</sup> vg/mL were used in the study. For local delivery, 60 µL of AAV2-F4/80-shRNF149 or AAV2-F4/80-NC were intraosseously injected into BM of 8-week-old male C57BL/6 wildtype mice, as previously described<sup>15-16</sup>. RNF149 knockdown in macrophages was confirmed by real-time PCR (Figure S8). For the IFNGR1 knockdown study, a recombinant AAV vector carrying a macrophage-specific IFNGR1 deletion plasmid or a negative control (NC) plasmid containing scramble shRNA was generated by Hanbio Biotechnology (Shanghai, China). The AAV2 viral vector harbors a macrophage-specific F4/80 promoter, a miR30-based shRNA targeting IFNGR1<sup>14</sup>, a cytomegalovirus promoter, and an enhanced GFP reporter. The nucleotide shRNA of mouse IFNGR1 was cloned using the following sequence: 5'- AAGAACAGCTCTCCGTCCTCGTATT-3'. AAV-F4/80-shIFNGR1 viral titer of 1.2 × 10<sup>13</sup> vector genomes (vg)/mL and AAV-F4/80-NC viral titer of 1.2 × 10<sup>13</sup> vg/mL were used in the study. For local delivery, 60 µL of AAV2-F4/80-shIFNGR1 or AAV2-F4/80-NC were intraosseously injected into BM of 8-week-old male WT and RNF149KO mice, as previously described<sup>15-16</sup>. IFNGR1 knockdown in BM-derived macrophages was confirmed by real-time PCR on day 28 after AAV injection (Figure S15).

Adenovirus production and RNF149 gene delivery *in vivo*: adenovirus (Ad) plasmids carrying the full-length RNF149 coding sequence and adenovirus null control plasmids were constructed by Hanbio Biotechnology (Shanghai, China). Intramyocardial injections of AdRNF149 or Adnull were administered after LAD ligation at a dose of  $1 \times 10^9$  pfu per mouse. as previously described<sup>17,18</sup>. Adnull is the adenovirus containing an empty macrophage CD68 promoter and functions as the control. RNF149 overexpression in macrophages was confirmed by real-time PCR (Figure S10).

#### **Bone marrow transplantation (BMT)**

CD45.1 strain mice were obtained from Cyagen Biosciences Inc (Suzhou, Jiangsu, China). BMT experiments were performed between WT (CD45.1) and RNF149KO (CD45.2) mice. Bone marrow (BM) cells were harvested from the femurs and tibias of 8-week-old male donor mice after euthanasia. Recipient male mice, also aged eight weeks, underwent lethal irradiation and were subsequently transplanted with BM cell suspensions comprising 100% CD45.1<sup>+</sup> or CD45.2<sup>+</sup> cells from the respective donors. To ensure uniform irradiation doses and minimize mobility, recipient mice were placed in a pie cage and exposed to two radiation doses, each amounting to 450 rad, administered four hours apart. Following the second irradiation, each recipient mouse received an injection of 5x10<sup>6</sup> BM cells via the retro-orbital vein plexus. During the initial 14 days post-transplantation, these mice were housed in sterile cages and provided with food and water supplemented with antibiotics (Sulfatrim). Reconstitutions were assessed through flow cytometry analysis of peripheral blood. Eight weeks after the BMT, these mice were subjected to cardiac MI surgery.

### **Echocardiography**

Transthoracic echocardiography was conducted using a Vevo 2100 instrument equipped with an MS-400 imaging transducer (VisualSonics, Toronto, ON, Canada), as previously described<sup>5, 6, 8</sup>. In detail, the mice were initially anesthetized with isoflurane in an enclosed chamber and then gently and securely immobilized on an echo pad in a supine position. The mice remained conscious, without anesthesia, during the echocardiographic imaging procedure to minimize potential data deviations. The heart rate was carefully maintained within the range of 500 to 600 bpm for all mice. Two-dimensional (2D) images were obtained in both the left ventricular short- and long-axis planes. Left ventricular end-diastolic volume (LVEDV) and end-systolic volume (LVESV) were calculated utilizing the biplane area-length method. Left ventricular ejection fraction (LVEF) was determined by applying the formula: LVEF =  $[(LVEDV-LVESV)/LVEDV] \times 100\%$ . The 2D-guided left ventricular M-mode tracings were recorded at the level of the papillary muscle, either from the short-axis or long-axis view, to measure left ventricular internal diameter at end-systole (LVID;s) and left ventricular internal diameter at end-diastole (LVID;d). Left ventricular fractional shortening (LVFS) was computed using the following formula: LVFS =  $[(LVID;d-LVID;s)/LVID;d] \times 100\%$ . The representative image for each group was chosen based on the mean value.

#### **<sup>18</sup>F-labeled fluorodeoxyglucose ( <sup>18</sup>F-FDG) positron emission tomography/computed tomography (PET/CT) scanning**

The <sup>18</sup>F-FDG PET/CT was conducted to assess myocardial viability on day 28 after MI. PET/CT scanning and the analysis of images were performed using Mediso Medical Imaging Systems. Each mouse received a tail vein injection of 200µCi <sup>18</sup>F-FDG under 2% isoflurane inhalation anesthesia. A 10-minute static scanning was conducted 1 h after <sup>18</sup>F-FDG injection (for <sup>18</sup>F-FDG uptake), with mice in a prone position on the PET/CT scanner bed and maintained under 2% isoflurane inhalation anesthesia. Mice underwent overnight fasting before <sup>18</sup>F-FDG injection and remained static under isoflurane inhalation during the 1-hour waiting phase. The images were processed using the InterView™ FUSION software. Regions of interest (ROIs) were delineated over the heart guided by CT images. Tracer uptake was quantified using InterView™ FUSION software, and individual <sup>18</sup>F-FDG uptake in each mouse was calculated. The mean standardized uptake value (SUV) of <sup>18</sup>F-FDG was calculated by dividing the relevant ROI activity by the ratio of the injected dose to the body weight. The representative image for each group was chosen based on the mean value.

#### **Human samples**

Heart tissue samples from patients with acute MI and healthy controls were provided by Dr. Liliang Li from the Department of Forensic Medicine, School of Basic Medical Sciences, Fudan University. All procedures involving patient samples and tissue handling were approved by the Human Subjects Institutional Review Board at Ruijin Hospital. Myocardial tissue samples from the left ventricle were obtained at autopsy from five patients who died of cardiogenic shock or sudden death within three days after acute MI, and from five control subjects who had not displayed clinical or pathological indications of cardiac disease and died from non-cardiac causes such as trauma and car accident. Detailed clinical profiles of the MI patients and control subjects can be found in Table S10. The collected heart samples were fixed in 10% formalin, followed by paraffin embedding and sectioning at a thickness of 4 µm. These sections were then used for immunohistochemistry and immunofluorescence assays.

#### **Histology**

Mouse MI heart samples were fixed with 4% PFA, followed by embedding in paraffin and subsequent division into 4 µm transverse sections at distinct levels. Masson's trichrome and picrosirius red staining procedures were employed on the paraffin-embedded sections to evaluate the extent of cardiac fibrosis. Ten to fifteen images were systematically captured from randomly chosen fields in both infarct and non-infarct regions for each section. Image analysis was executed through the utilization of Image J software (National Institutes of Health). Collagen density was calculated by determining the ratio of the positively stained area to the total scar area. To assess infarct size, Masson's trichrome staining was applied to serial heart cross sections acquired above the level of ligation site as well as at 0.5 mm intervals distal to the suture. The infarct size was quantified as a percentage of the necrotic area relative to the total left ventricular area. The representative image for each group was chosen based on the mean value.

Infarct size following IR injury was determined using Evans blue/TTC staining. Briefly, two days post-IR, mice were anesthetized, and the LAD was re-occluded at the previous ligation site. Subsequently, 2% Evans blue was injected into the LV cavity. The heart was promptly excised, washed, immediately frozen, and sliced into 1.2-mm sections. These sections were then incubated in a 1% 2,3,5-triphenyltetrazolium chloride (TTC) solution and digitally imaged. The areas stained with Evans blue, TTC (representing the area at risk, AAR), and the regions lacking TTC staining (indicating infarcted myocardium) were quantified using computerized planimetry via Image J software. Myocardial infarct size was expressed as a percentage of the infarct area relative to AAR, and the size of AAR was expressed as a percentage of the AAR relative to the total LV area. The representative image for each group was selected based on the mean value.

For infarct measurement, hearts were harvested and promptly frozen at -80°C. The frozen specimens were subsequently sectioned transversely into 1.2-mm-thick slices and stained with 1% TTC in PBS (pH 7.4) for 20 minutes in a 37°C water bath. Following fixation in 10% neutral buffered formaldehyde for 4 to 6 hours, both sides of each slice were photographed. Viable myocardial tissue exhibited a distinct brick-red hue, while infarcted regions displayed a characteristic pale white appearance. Quantitative analysis of infarct size and LV area was performed using automated planimetry facilitated by Image J software, with the extent of infarction expressed as a percentage relative to the total LV area. The representative image for each group was selected based on the mean value.

#### **Immunohistochemistry**

Immunohistochemistry assays were conducted on 4 µm paraffin-embedded mouse and human heart sections. To enhance the specificity of immunostaining, heat-induced antigen retrieval was performed on the deparaffinized heart sections. To prevent non-specific binding of the antibody to the tissues, the sections were blocked with 5% goat serum for 1 hour at room temperature. Primary antibody against RNF149 (Catalog #: PA5-110306, Invitrogen) was applied to the sections in a humidified chamber at 4 °C overnight. Subsequently, biotinylated secondary antibodies were applied, followed by the utilization of the VECTASTAIN ABC reagent (Catalog #: PK-4001, Vector Laboratories). Color development was achieved through the use of the DAB substrate (Catalog #: SK-4105, Vector Laboratories). Isotypematched controls were employed to validate the specificity of staining generated by the primary antibody. In addition, negative controls involving the use of incubation buffer without the primary antibody were employed to identify any non-specific staining caused by the secondary reagents.

#### **Immunofluorescence staining**

Immunofluorescence experiments were conducted on 4 µm sections of paraffin-embedded human heart tissues and 8 µm sections from mouse cardiac cryostat samples. Briefly, these sections were initially blocked in 1x PBS solution containing 1% bovine serum albumin (BSA) for one hour at room temperature and then incubated with primary antibodies at 4°C overnight. To validate the specificity of the primary antibodies, IgG isotype control antibodies were employed as negative controls. Additionally, fluorescent-labeled secondary antibody-only controls were utilized to distinguish genuine target staining from the background. Afterward, the sections underwent a thorough washing with 1x PBS three times, followed by a two-hour incubation with appropriate fluorescent-labeled secondary antibodies at room temperature. Subsequently, the sections were counterstained with DAPI (4'6-diamidino-2-phenylindole) (Catalog #: D1306, Invitrogen), and then mounted with VECTASHIELD Anti-fade Mounting Medium (Catalog #: H-1000-10, Vector Laboratories). The stained sections were visualized using a Zeiss 710 confocal microscope (Carl Zeiss), and image analysis was carried out using Image J software (National Institutes of Health). The representative image for each group was selected based on the mean value. The primary antibodies used for immunofluorescence included: Anti-F4/80 antibody (Catalog #: MCA497, AbDSerotec**),** Anti-Ly6G antibody (Catalog #: ab210204, Abcam), Anti-α-actinin antibody (Catalog #: A7811, Sigma-Aldrich), Anti-CD68 antibody (Catalog #: ab955, Abcam), Anti-RNF149 antibody (Catalog #: PA5- 110306, Invitrogen), Anti-CD11b antibody (Catalog #: ab128797, Abcam), Anti-Collagen I antibody (Catalog #: ab34710, Abcam), Anti-CD31 antibody (Catalog #: 557355, BD Biosciences), Anti-α-SMA antibody (Catalog #: ab5694, Abcam), Anti-HMGB1 antibody (Catalog #: ab18256, Abcam). The secondary antibodies used were: Donkey anti-Rabbit Secondary Antibody, Alexa Fluor 488 (Catalog #: A-21206, Invitrogen), Goat anti-Rat Secondary Antibody, Alexa Fluor 594 (Catalog #: A-11007, Invitrogen), Goat anti-Mouse Secondary Antibody, Alexa Fluor Plus 647 (Catalog #: A32728TR, Invitrogen), Goat anti-Mouse Secondary Antibody, Alexa Fluor 594 (Catalog #: A-11005, Invitrogen), Donkey anti-Rat Secondary Antibody, Alexa Fluor 488 (Catalog #: A-21208, Invitrogen), Goat anti-Rabbit Secondary Antibody, Alexa Fluor 594 (Catalog #: A-11037, Invitrogen).

#### *In situ* **detection of apoptosis**

For the analysis of cardiomyocyte apoptosis, 8 µm thick frozen heart sections were fixed by 4% paraformaldehyde (PFA) and subsequently subjected to TUNEL staining employing the *In Situ* Cell Death Detection Kit-Fluorescein (Catalog #: 11684795910, Roche). Following this, the sections were co-stained with Anti-α-actinin antibody (Catalog #: A7811, Sigma-Aldrich) to specifically label cardiomyocytes. Subsequently, a Goat anti-Mouse Secondary Antibody, Alexa Fluor 594 (Catalog #: A-11005, Invitrogen) was applied as a secondary antibody. Cell nuclei were stained with DAPI (4'6-diamidino-2-phenylindole) (Catalog #: D1306, Invitrogen). A total of six to eight fields, randomly selected from the infarct, border, and remote areas of MI hearts, were observed for each cross section, under a Zeiss 710 confocal microscope (Carl Zeiss). Different regions of MI hearts were distinguished based on α-actinin staining patterns. The infarct area was characterized by a notable reduction of α-actinin staining. The border zone was defined as the immediate neighboring regions around the infarct area, representing the transition zones between infarcted and healthy myocardium. In the border zone, α-actinin staining appeared irregular or fragmented. The remote area was defined as the unaffected myocardium distant from the infarct area. In the remote region, α-actinin staining appeared normal, demonstrating intact cardiomyocyte structure and organization. The apoptotic index was calculated as the percentage of apoptotic cardiomyocytes (TUNEL/α-actinin double positive) relative to the total number of cardiomyocytes. The representative image for each group was chosen based on the mean value.

### **Preparation of bone marrow-derived macrophages (BMDMs)**

For the isolation of BMDMs, total BM cells were flushed out from femur and tibia bones of adult male mice and were subsequently cultured in BMDM growth medium (RPMI 1640 supplemented with 10 ng/mL M-CSF (Catalog #: SRP3221, Sigma-Aldrich), 100 Units /mL penicillin/streptomycin, and 10% FBS). The medium was changed on day 3 of the culture. After 7 days of differentiation, mature BMDMs underwent stimulation with murine IFN-γ (Catalog #: 315-05, PeproTech) for macrophage polarized activation. Then, the cells were collected for phenotypic characterization and functional assays at indicated time points.

### **Cell culture and transfection**

Isolation and culture of mouse BMDMs were performed as described previously. HEK293T cells were kindly provided by the Stem Cell Bank, Chinese Academy of Sciences (CAS) and cultured in DMEM containing 10 % FBS following the instructions supplied by CAS. In our study, HEK293T cells were maintained for up to 5 passages. Lipofectamine 3000 (Catalog #: L3000150, Invitrogen) was used for transfection of plasmids into HEK293T cells.

A DNA sequence encoding IFNGR1 (NM\_000416) was cloned into the GV657 vector (CMV enhancer-MCS-3flag-polyA-EF1A-zsGreen-sv40-puromycin) (GeneChem, Shanghai) to create the Flag-IFNGR1 plasmid. The IFNGR1 (K277R, 279R, and 285R) mutant, in which lysine-277, 279, and 285 were replaced with arginine, were generated from the Flag-IFNGR1 plasmid using the QuikChange site-directed mutagenesis kit (Agilent). A DNA sequence encoding RNF149 (NM\_173647-myc) was cloned into the GV658 vector (CMV enhancer-MCS-polyA-EF1A-zsGreen-sv40-puromycin) (GeneChem, Shanghai) to create the Myc-RNF149 plasmid. The mutant construct RNF149<sup>H289A</sup>, in which His-289 was replaced with alanine, was generated from the Myc-RNF149 plasmid using the site-directed mutagenesis kit (Agilent). Subsequently, the DNA sequences of NM\_173647 (del67-175 aa)-Myc and NM\_173647 (del269-310 aa)-Myc were cloned into the GV658 vector (CMV enhancer-MCSpolyA-EF1A-zsGreen-sv40-puromycin) (GeneChem, Shanghai) to generate the PA domain (67-175 aa)-deletion mutant and the RING domain (269-310 aa)-deletion mutant of Myc-RNF149, respectively. The HA-Ubiquitin-WT, HA-Ubiquitin-K48 (all lysines mutated to arginine except for K48), and HA-Ubiquitin-K48R (K48 mutated to arginine) were inserted into the GV658 vector (CMV enhancer-MCS-polyA-EF1A-zsGreen-sv40-puromycin) (GeneChem, Shanghai). cDNA of mouse STAT1 (NM\_001205313) were cloned into the pcDNA3.1 expression vector. A 2.4-kb mouse *Rnf149* promoter, which contained putative STAT1 binding sites, was amplified and cloned into the pGL3-Basic vector (Promega) to produce the 2.4-kb Rnf149-firefly reporter plasmid. Different fragments of *Rnf149* promoter were inserted into pGL3-Basic vector to yield various truncated Rnf149-firefly reporter plasmids. pRL-TK vector (constitutively expressing Renilla luciferase) was purchased from Promega. All plasmids were verified by DNA sequencing.

The following chemicals reagents were used: cycloheximide (CHX, 50 µg/mL) (Catalog #: C4859, Sigma-Aldrich), Recombinant murine IFN-γ (Catalog #: 315-05, PeproTech), MG132 (20 μg/mL) (Catalog #: M8699, Sigma-Aldrich).

#### **Cell preparation for flow cytometry**

The mice were subjected to full anesthesia, following which their hearts were rapidly excised and perfused with ice-cold PBS to eliminate blood cells. Subsequently, the left ventricles from sham-operated mice and the infarct as well as border regions of MI hearts were excised, weighed, minced, and enzymatically digested in a 1x PBS buffer containing collagenase type II, DNase I, and elastase (all obtained from Worthington Biochemical Corporation). This digestion process occurred over the course of 1 hour at 37 °C with gentle agitation. Following digestion, the heart tissues were gently triturated and passed through a 70-μm cell strainer. Leukocytes were enriched utilizing 37-70% Percoll density gradient centrifugation. The collected cells were washed and subsequently suspended in a 1x PBS buffer supplemented with sterile 3% FBS and 1% BSA.

#### **Flow cytometry and cell sorting**

Cardiac immune cells: Initially, single-cell suspensions were incubated with anti-murine CD16/32 antibody (Catalog #: 14-0161-82, eBioscience) to prevent non-specific antibody binding to Fc gamma receptors. Subsequently, cells were labeled with a combination of fluorophore-conjugated antibodies targeting specific surface markers. In multicolor flow cytometry, a combination of isotype and FMO controls was employed to determine nonspecific antibody binding and background fluorescence and to set gates for negative populations for each fluorochrome separately, as deemed necessary. For the analyses in Figure 4A, the antibody panel included CD45-Alexa Fluor 700 (clone 30-F11, Catalog #: 103128, Biolegend), CD11b-BV650 (clone M1/70, Catalog #: 101259, Biolegend), Ly6G-BV510 (clone 1A8, Catalog #: 127633, Biolegend), F4/80-PE (clone BM8, Catalog #: 123110, Biolegend), Ly6C-PE-CY7 (clone HK1.4, Catalog #: 25-5932-82, eBioscience), CD64-BV421 (clone X54-5/7.1, Catalog #: 139309, Biolegend), MHC-II-FITC (clone M5/114.15.2, Catalog #: 107605, Biolegend), CCR2-Alexa Fluor 647 (clone Y15-488.rMAb, Catalog #: 568347, BD). For the analyses in Figure 5K, Figure 7B, and Figure S14C, the antibody panel included CD45Alexa Fluor 700 (clone 30-F11, Catalog #: 103128, Biolegend), CD11b-BV650 (clone M1/70, Catalog #: 101259, Biolegend), Ly6G-BV510 (clone 1A8, Catalog #: 127633, Biolegend), F4/80-PE (clone BM8, Catalog #: 123110, Biolegend), CD64-BV421 (clone X54-5/7.1, Catalog #: 139309, Biolegend), IFNGR1/CD119-APC (Clone: REA189, Catalog #: 130-132-427, Miltenyi Biotec). For the analyses in Figure 5M and Figure S14D, the antibody panel included CD45-Alexa Fluor 700 (clone 30-F11, Catalog #: 103128, Biolegend), CD11b-BV650 (clone M1/70, Catalog #: 101259, Biolegend), Ly6G-BV510 (clone 1A8, Catalog #: 127633, Biolegend), F4/80-PE (clone BM8, Catalog #: 123110, Biolegend), CD64-BV421 (clone X54- 5/7.1, Catalog #: 139309, Biolegend), Phospho-Stat1 (Tyr701)-APC (Clone: Stat1Y701-3E6, Catalog #: MA5-37041, Invitrogen). Live cells were identified as those not stained with the Zombie viability dye (Biolegend). Flow cytometric analysis was performed using Beckman Coulter's CytoFlex LX. The acquired data were analyzed with FlowJo software (Tree Star) and reported as cell numbers per heart tissue. Cell sorting was conducted using a BD FACS Aria II instrument. The following antibodies were used: CD45-Alexa Fluor 700 (clone 30-F11, Catalog #: 103128, Biolegend), CD11b-BV650 (clone M1/70, Catalog #: 101259, Biolegend), Ly6G-FITC (clone 1A8, Catalog #: 11-9668-82, eBioscience), F4/80-BV421 (clone BM8, Catalog #: 123137, Biolegend), MHC-II-PE (clone M5/114.15.2, Catalog #: 107607, Biolegend), CD11c-BV605 (clone N418, Catalog #:117334, Biolegend), CD3-BV510 (clone 145-2C11, Catalog #: 100353, Biolegend), CD19-PE-CY7 (clone 6D5, Catalog #: 115519, Biolegend), NK1.1-APC (clone S17016D, Catalog #: 156505, Biolegend) (Figure S4). CD45- Alexa Fluor 700 (clone 30-F11, Catalog #: 103128, Biolegend), CD11b-BV650 (clone M1/70, Catalog #: 101259, Biolegend), Ly6G-BV510 (clone 1A8, Catalog #: 127633, Biolegend), F4/80-PE (clone BM8, Catalog #: 123110, Biolegend), CD64-BV421 (clone X54-5/7.1, Catalog #: 139309, Biolegend), MHC-II-FITC (clone M5/114.15.2, Catalog #: 107605, Biolegend), CCR2-Alexa Fluor 647 (clone Y15-488.rMAb, Catalog #: 568347, BD) (Figure S5). CD45- Alexa Fluor 700 (clone 30-F11, Catalog #: 103128, Biolegend), CD11b-BV650 (clone M1/70, Catalog #: 101259, Biolegend), Ly6G-BV510 (clone 1A8, Catalog #: 127633, Biolegend), F4/80-PE (clone BM8, Catalog #: 123110, Biolegend), CD64-BV421 (clone X54-5/7.1, Catalog #: 139309, Biolegend) (Figure 4C, Figure 7G, Figure S8C, Figure S10C, and Figure S15C).

Peripheral blood (PB) cells were collected from the retro-orbital vein. Red blood cells were lysed using 1X RBC Lysis Buffer followed by incubation with the Fc blocker. Antibodies were then incubated with the cells for 20 minutes at room temperature in the dark. The antibody panel used for PB flow cytometric analyses consisted of CD45.1-APC (clone A20, Catalog #: 17-0453-82, eBioscience) and CD45.2-FITC (clone 104, Catalog #: 11-0454-82, eBioscience) (Figure 2F). Data acquisition was conducted using Beckman Coulter's CytoFlex LX, and the acquired data were further processed and analyzed with FlowJo Software.

Bone marrow-derived macrophages: Polarized macrophages were examined using antibodies against F4/80-FITC (clone BM8, Catalog #: 11-4801-82, eBioscience) and CD86-PE (clone GL1, Catalog #:12-0862-82, eBioscience) (Figure 8F), followed by flow cytometry analysis.

#### **RNA extraction and quantitative RT-PCR**

Total RNA was extracted from sorted macrophages and BMDMs employing the RNeasy Mini Kit (Catalog #: 74104, Qiagen). Total RNA from cardiac tissue was isolated using TRIzol reagent (Catalog #: 15596026, Thermo Fisher Scientific). Subsequently, the Reverse Transcription Kit (Catalog #: 205313, Qiagen) was utilized to synthesize cDNA from mRNA, following the manufacturer's instructions. Reverse transcription was carried out at 42°C for 15 min, followed by an inactivation step at 95°C for 3 min. The resulting cDNA fragments were subjected to amplification in a real-time quantitative PCR machine (Applied Biosystems) using the SYBR Green PCR kit (Catalog #: 208056, Qiagen). The real-time cycler condition was set as follows: an initial activation step at 95ºC for 2 minutes, followed by a 2-step cycling procedure (denaturation at 95ºC for 5 seconds, combined annealing/extension at 60ºC for 10 seconds), repeated for 40 cycles. The mRNA levels of the target genes were normalized to the endogenous GAPDH expression and calculated as relative mRNA expression or fold

change using the  $\Delta\Delta C_{\text{T}}$  method. Primer sequences for the genes of interest can be found in Table S11.

### **Protein preparation and immunoblot analysis**

Cultured cells were suspended (myocardial tissues were homogenized) and sonicated in 1x RIPA lysis buffer (Catalog #: ab156034, Abcam) containing protease inhibitors (Catalog #: P8340, Sigma-Aldrich) and phosphatase inhibitors (Catalog #: 04906845001, Roche). Then the lysates were centrifuged, and the supernatants were collected as whole-cell proteins. Pierce BCA assay was performed to determine protein concentrations. Total protein was separated by SDS-PAGE and then transferred to a PVDF membrane. The stacking gel was fixed at 5% acrylamide/bis-acrylamide. The % resolving gel was determined by the predicted molecular weight (MW) of the protein of interest. A 7.5% resolving gel was used for proteins with MW >120kDa. A 10% resolving gel was utilized to resolve proteins within the 50~120kDa range. A 15% resolving gel was used for proteins with MW <50kDa. Primary antibodies used to specifically detect the proteins of interest were as follows: Anti-RNF149 (Catalog #: PA5- 110306, Invitrogen), Anti-IFNGR1(Catalog #: MA5-35147, Invitrogen), IL-6 (D5W4V) Rabbit mAb (Catalog #: 12912, CST), NOS2 (D6B6S) Rabbit mAb (Catalog #: 13120, CST), IL-23 p19 Antibody (Catalog #: PA5-20239, Invitrogen), Anti-G-CSF antibody (Catalog #: ab181053, Abcam), Phospho-Stat1 (Tyr701) (58D6) Rabbit mAb (Catalog #: 9167, CST), Stat1 (D1K9Y) Rabbit mAb (Catalog #: 14994, CST), anti-HA (Catalog #: 3724, CST), anti-Flag (Catalog #: F3165, Sigma-Aldrich), anti-Myc (Catalog #: 2278, CST), K48-linkage Specific Polyubiquitin (D9D5) Rabbit mAb (Catalog #: 8081 CST), GAPDH (14C10) Rabbit mAb (Catalog #: 2118, CST). Anti-rabbit IgG, HRP-linked Antibody (Catalog #: 7074, CST) and Anti-mouse IgG, HRPlinked Antibody (Catalog #: 7076, CST) were used to visualize the binding of primary antibodies in combination with the enhanced-chemiluminescent (ECL) substrate (Catalog #: RPN2109, GE). Quantitative analysis of the protein bands was processed with Image J software.

### **Immunoprecipitation (IP) assay**

For immunoprecipitation assays, HEK293T cells harvested 36 h post-transfection, *Rnf149+/+* and *Rnf149−/−* BMDMs with or without IFN-γ (Catalog #: 315-05, PeproTech) stimulation were lysed in 1x RIPA buffer (Catalog #: ab156034, Abcam) supplemented with protease inhibitors (Catalog #: P8340, Sigma-Aldrich). After centrifugation, the collected supernatants were incubated with the specified IP antibodies for 2 h at 4 °C and subsequently pulled down using protein A/G Plus-Agarose (Catalog #: sc-2003, Santa Cruz) for 6 h at 4 °C, followed by washing five times with 1x RIPA buffer. After washing, the immunoprecipitated components were eluted through boiling in the immunoblot sample-loading buffer. For the immunoblot analysis, the immunoprecipitates and input lysates were separated via SDS-PAGE, followed by transferring onto PVDF membranes (Millipore) and detected with specific antibodies.

#### **Enzyme-Linked Immunosorbent Assay (ELISA)**

The supernatants of muse heart tissue lysates were harvested, and the concentration of IFNγ was quantified using commercially available ELISA Kits (Catalog #: 900-K98, PeproTech), following the manufacturer's protocol. After the addition of the stop solution, the optical density was measured at 450 nm (ELx800, BioTek Instruments).

#### **Dual-luciferase reporter assay**

Plasmid transfection for dual-luciferase reporter assay was conducted as described above. Luciferase activity was assessed using the Dual-Luciferase Reporter Assay System (Catalog #: E1910, Promega) following the guidelines provided by the manufacturer. In brief, cells were collected in a passive lysis buffer, and the activities of firefly and renilla luciferase in the lysate were quantified using a GloMax 20/20 Luminometer (Promega). Renilla luciferase activity (pRL-TK) served as an internal control due to variations in transfection efficiency. The luciferase activity of firefly was normalized to that of renilla in order to determine the promoter activity. The results were expressed as fold changes compared to the empty vector group.

#### **Chromatin immunoprecipitation (ChIP) assay**

The ChIP assay was conducted employing a commercially available chromatin IP Kit (Millipore), following the manufacturer's instructions. Briefly, cells were subjected to 1% formaldehyde for 10 min at room temperature to facilitate the cross-linking of proteins to DNA. The cross-linked chromatin was subsequently fragmented into DNA segments of 200-1000 bp using sonication. The sonicated cross-linked chromatin was used for immunoprecipitation with a specific STAT1 antibody (Catalog #: 14994, CST) or a normal rabbit IgG antibody as a negative control. The immunoprecipitated complex was then collected using Protein G magnetic beads. Following this, the immunoprecipitated chromatin was eluted from the antibody/Protein G magnetic beads followed by reversal of cross-links and purification utilizing a spin column (Catalog #: 14209, CST). The purified immunoprecipitated DNA was amplified by qPCR utilizing specific primers designed for the *Rnf149* gene promoter. The results were presented as a percent of the total input DNA, and the primer sequences employed for ChIPqPCR can be found in Figure S16.

#### **Transcriptome**

Transcriptome sequencing for heart tissue samples was conducted by OE Biotech Co., Ltd. (Shanghai, China). The sample size for the transcriptome study was calculated using RNASeqPower 1.42.0 in R, with a coefficient of variation (CV) of 0.1, an effect size of 2,  $\alpha$  of 0.05, and a statistical power of 80%, indicating a minimum requirement of 4 mice per group. Total RNA was extracted using the TRIzol reagent (Invitrogen) according to the manufacturer's protocol. RNA purity and quantification were evaluated using the NanoDrop 2000 spectrophotometer. RNA integrity was assessed using the Agilent 2100 Bioanalyzer. The libraries were constructed using VAHTS Universal V6 RNA-seq Library Prep Kit (Vazyme) according to the manufacturer's instructions. The libraries were sequenced on an Illumina Novaseq 6000 platform, and 150 bp paired-end reads were generated. FPKM of each gene was calculated, and the read counts of each gene were obtained by HTSeq-count. Raw reads ranging from 47.12 to 50.93 M were generated for each sample. The raw reads, in fastq format, were firstly processed using fastp to eliminate low-quality reads, resulting in the retention of 46.49 to 50.20 M clean reads per sample for further analysis. The clean reads were then aligned to the reference genome (GRCm39) using HISAT2. Subsequently, the FPKM of each gene was calculated and the read counts of each gene were determined by HTSeq-count. A total of 17,734 genes were used for subsequent analyses. Principal component analysis (PCA) was performed using R (v 3.2.0) to evaluate the biological duplication of samples. Differentially expressed genes (DEGs) were identified using the R package DESeq2. The *P*-value for each gene was calculated using the negative binomial (NB) distribution test. Absolute fold change in gene expression≥2 and *P*-value<0.05 were set as the thresholds for significantly differential expression genes. Hierarchical cluster analysis of DEGs was performed using R (v 3.2.0) to demonstrate the expression pattern of genes in different groups and samples. KEGG pathway enrichment analysis of DEGs was performed using R based on the hypergeometric distribution test. The raw data for transcriptome sequencing have been deposited in the NCBI Sequence Read Archive (accession ID: PRJNA1102525).

### **Bioinformatic analysis of external datasets**

STAT1 ChIP-seq data pertaining to BMDMs were sourced from the NCBI Gene Expression Omnibus (Accession ID: GSE84520) and analyzed in the Cistrome platform. Enriched peaks for target genes were then visualized within the UCSC genome browser. The enriched DNA motifs at the STAT1 binding sites were discerned via Cistrome SeqPos motif analysis, and the resulting motif logos (z-score=-23.751; *P*-value=8.364E-70) were presented in Figure 8A. Protein interactome for RNF149 was acquired from the BioGRID database, and KEGG enrichment analysis of potential interacting proteins was performed utilizing the online analysis tool DAVID (Database for Annotation, Visualization, and Integrated Discovery)<sup>20</sup>. Transcriptome data in Figure S1 were taken from the NCBI Gene Expression Omnibus

(Accession ID: GSE115354, GSE126772), and the analysis of gene expression profiles was conducted using DESeq2 in R (v 3.2.0).

#### **Statistics**

Statistical analysis was performed following the Statistical Reporting Recommendations of *Circulation Research*. All presented values are denoted as mean ± SEM. The number of samples is detailed in the individual Figure legends and represents biological replicates, not technical replicates. The analysis of all raw data and results was conducted in a blinded manner. Quantification of gene expression was reported relative to the control group within each experiment, i.e., Figure 3C (WT sham), Figure 4C (WT cardiac MΦ), Figure 7G (WT+NC MΦ), Figure S8C (AAV-F4/80-NC), Figure S10C (Adnull), Figure S13 (WT-MI), Figure S14A (Day 0), Figure S15B (AAV-F4/80-NC), and Figure S15C (WT+NC MΦ). The representative image for each group was chosen based on the mean value. Statistical analysis was executed employing GraphPad PRISM 9.0 software. The Shapiro-Wilk test was used to determine the normality of data before applying parametric or non-parametric tests. For *in vitro* experiments (Figure 5L, 8C, 8D, 8E, 8F, 8H, and Figure S15B), as each experimental dataset represented an average of a large number of cultured cells, we assumed the data was normally distributed based on the central limit theorem. For *in vivo* experiments, the echocardiographic data (Figure 2B, 2H, 7D, and Figure S8D, S9E, S10D) (6≤n<10) passed the Shapiro-Wilk test. For normally distributed data, statistical analysis was employed utilizing parametric tests including unpaired and two-tailed t-test (for two groups of data), one-way ANOVA with adjustment for multiple comparisons using Bonferroni's or Dunnett's post hoc test (for three or more groups of data), and two-way ANOVA with Bonferroni's multiple comparisons test (for multiple group comparisons with two mutually exclusive variables). Additionally, for data that required repeated measurements for an individual, two-way repeated-measures ANOVA analysis with Bonferroni's post hoc test was utilized for pairwise comparisons within groups. For nonnormally distributed data or in cases where the sample size for *in vivo* experiments was insufficient to test normality (i.e., n=5 per group) (Figure 1C, 1E, 1H, 1I, 5K, and Figure S3, S8C, S10C, S14D, S15C), non-parametric tests including Mann-Whitney test (for two groups comparison) or Kruskal-Wallis test with Dunn's post hoc test (for multiple groups comparison) were employed. Detailed statistical methods are provided in the corresponding figure legends. Differences were considered statistically significant at *P*-value<0.05.

**Supplemental Figures**

**Figure S1. Expression alteration of E3 ligase genes in macrophages subjected to inflammatory stimuli.**

**Figure S2. Expression profile of E3 ligase genes** *Rabgef1, Spsb1, RNF24, Rffl, Abtb2, MDM2, Fbxl5, Pcgf5,* **and** *Trim13* **derived from the BioGPS dataset.**

**Figure S3. Analysis of Trim13 mRNA expression in leukocyte population isolated from WT hearts before and after MI.**

**Figure S4. Flow cytometry gating strategy for identification of infiltrating immune cells in the infarcted hearts.**

**Figure S5. Gating strategy for the identification of macrophage subsets isolated from mouse hearts.**

**Figure S6. HMGB1 expression in WT mice before and 1 day after MI.**

**Figure S7. Generation of RNF149 knockout mice.**

**Figure S8. Adeno-associated virus (AAV)-mediated RNF149 knockdown in macrophages exacerbates cardiac dysfunction in mouse models of MI.**

**Figure S9. RNF149 loss aggravates myocardial IR injury.**

**Figure S10. Adenovirus-mediated RNF149 overexpression in macrophages improves cardiac function in mouse models of MI.**

**Figure S11. RNF149 deficiency contributes minimally to extracellular matrix remodeling in the non-infarct area.**

**Figure S12. Comparable collagen content in the non-infarct area of WT and RNF149KO hearts.**

**Figure S13.** *Csf3, IL-6, IL-23a, Nlrp3,* **and** *Tnfsf11* **mRNA expression in WT and RNF149KO hearts 3 days post-MI.**

**Figure S14. Temporal dynamics of the type II interferon-STAT1 signaling pathway in cardiac macrophages after MI.**

**Figure S15. Efficacy of AAV encoding IFNGR1-shRNA driven by F4/80 promoter.**

**Figure S16. Analysis of STAT1-binding sites in** *Rnf149* **genomic loci.**

**Figure S17. Model of RNF149-mediated IFNGR1 destabilization in macrophage-driven inflammation following MI.**







Rabgef1 | RAB guanine nucleotide exchange factor (GEF) 1 F-box and leucine-rich repeat protein 5 Rffl ring finger and FYVE-like domain containing E3 ubiquitin protein ligase splA/ryanodine receptor domain and SOCS box containing 1 polycomb group ring finger protein 5 Rnf149 ring finger protein 149 ring finger protein 24 Mdm2 MDM2 proto-oncogene btb2 ankyrin repeat and BTB domain containing 2 rim13 tripartite motif containing 13 Gene Description Gene Description

**E**

#### Upregulated E3-Ligase genes in BMDM & Cardiac MΦ





−1.5 −1 −0.5  $\sqrt{0}$  $\overline{0.5}$ 1



**BMDM** Mock IFN-γ+LPS **Cardiac MΦ** Pre MI D1 post MI 1

> −1 −0.5 0 0.5

\*E3 ligase #E3 ligase complex subunit

**Figure S1. Expression alteration of E3 ligase genes in macrophages subjected to inflammatory stimuli. A,** Heatmap illustrating differentially expressed E3 ligase genes, including 65 upregulated (red) and 126 downregulated (blue) gene hubs in bone marrowderived macrophages (BMDMs) after IFN-γ/LPS stimulation for 4h; Genes with absolute fold change ≥2 and *P*-value <0.05 are defined as differentially expressed genes, n=4 biological replicates per group (source data obtained from publicly available GEO dataset, GSE115354). **B,** Heatmap depicting the altered expression profiles of E3 ligase genes, including 31 upregulated (red) and 47 downregulated (blue) gene hubs within cardiac macrophages on day 1 after MI; Genes with absolute fold change ≥2 and *P*-value <0.05 are defined as differentially expressed genes, n=3 for baseline and 2 for MI (source data obtained from GEO dataset, GSE126772). **C,** Venn diagram showing intersections of upregulated E3 ligase genes in BMDMs subjected to IFN-γ/LPS stimulation and cardiac macrophages after MI. **D,** The list of 10 upregulated E3 ligase genes obtained from **C. E,** Heatmap illustrating the 10 E3 ligase genes upregulated in both BMDMs with IFN-γ/LPS stimulation and cardiac macrophages after MI. **F,** RNF149 expression profile from BioGPS dataset.

### **Figure S2** Expression profile from BioGPS dataset



.<br>3x1

**Figure S2. Expression profile of E3 ligase genes** *Rabgef1, Spsb1, RNF24, Rffl, Abtb2, MDM2, Fbxl5, Pcgf5,* **and** *Trim13* **derived from the BioGPS dataset.**



**Figure S3. Analysis of Trim13 mRNA expression in leukocyte population isolated from WT hearts before and after MI.** Data were analyzed using the Kruskal-Wallis test with Dunn's multiple comparisons (n=5).



**Figure S4. Flow cytometry gating strategy for identification of infiltrating immune cells**  in the infarcted hearts. CD45<sup>+</sup> leukocytes were divided into neutrophils (CD45<sup>+</sup> CD11b<sup>+</sup> Ly6G<sup>+</sup>), macrophages (CD45<sup>+</sup> CD11b<sup>+</sup> Ly6G<sup>-</sup> F4/80<sup>+</sup>), dendritic cells (DC) (CD45<sup>+</sup> Ly6G<sup>-</sup> F4/80<sup>-</sup> MHC-II<sup>+</sup> CD11c<sup>+</sup>), B cells (CD45<sup>+</sup> CD11b<sup>-</sup> Ly6G<sup>-</sup> F4/80<sup>-</sup> MHC-II<sup>-</sup> CD11c<sup>-</sup> CD3<sup>-</sup> CD19<sup>+</sup>), T cells (CD45<sup>+</sup>CD11b– Ly6G– F4/80– MHC-II– CD11c– CD19– NK1.1– CD3<sup>+</sup> ) and natural killer (NK) cells (CD45<sup>+</sup>CD11b– Ly6G– F4/80– MHC-II– CD11c– CD19– CD3– NK1.1<sup>+</sup> ) and harvested for subsequent experiments.



**Figure S5. Gating strategy for the identification of macrophage subsets isolated from mouse hearts.** Representative flow cytometric dot plots to determine macrophage subsets in mouse hearts at baseline. CD45<sup>+</sup>CD11b<sup>+</sup>Ly6G–F4/80<sup>+</sup>CD64<sup>+</sup> macrophages were further divided into CCR2<sup>-</sup>MHC-II<sup>low</sup>, CCR2<sup>-</sup>MHC-II<sup>high</sup>, CCR2<sup>+</sup>MHC-II<sup>high</sup> subsets and harvested for subsequent experiments.

### **DAPI/HMGB1/Merge**



**Figure S6. HMGB1 expression in WT mice before and 1 day after MI.** Immunofluorescence staining revealed nuclear localization of HMGB1 in WT mice before MI. In contrast, extranuclear HMGB1 staining was observed in the infarcted hearts. HMGB1-positive nuclei are indicated by arrows, while extranuclear staining is marked by arrowheads.



**C**

**B** M #1 #2 #3 #4 #5 #6 #7 WT ddH<sub>2</sub>O



PCR Primer pairs 1: F1: 5'-TAGTGATCACAGAAGAGCTCTCACA-3' R1: 5'-AGTGGAAAAGCTGGTTTAGAATCAC-3' Product size: 502 bp

M #1 #2 #3 #4 #5 #6 #7 WT ddH2O



PCR Primer pairs 2: F1: 5'-TAGTGATCACAGAAGAGCTCTCACA-3' R2: 5'-AGTGAGAAAATCACCAGGAACTGT-3' Product size: 586 bp

Mouse genotype:

Homozygote (one band with 502 bp,  $RNF149^{k_0/k_0}$ ): #7 Heterozygote (two bands with 502 bp and 586 bp, RNF149<sup>ko/wt</sup>): #1, #2, #3, #4, #5 Wildtype allele (one band with 586 bp, RNF149wt/wt): #6



**Figure S7. Generation of RNF149 knockout mice. A,** Schematic diagram of *Rnf149* knockout strategy. **B,** Representative PCR genotyping of wild-type (+/+), Heterozygote (+/-), and Homozygote (-/-) mice. Sequences of primers used in PCR genotyping are shown. Primer pairs 2 allow amplification of an *Rnf149* fragment (586 bp) in the WT allele whereas primer pairs 1 amplify a mutant allele fragment measuring 502 bp in length. In *Rnf149* Heterozygotes (+/-), both PCR products are generated. **C,** RNF149 mRNA expression levels in MI hearts obtained from RNF149KO and WT littermates.



**Figure S8. Adeno-associated virus (AAV)-mediated RNF149 knockdown in macrophages exacerbates cardiac dysfunction in mouse models of MI. A,** Full sequence map for AAV-F4/80-miR30-m-shRNF149-eGFP (AAV-F4/80-shRNF149); The AAV system harbors a macrophage-specific F4/80 promoter, a miR30-based shRNA targeting RNF149, a cytomegalovirus promoter, and an enhanced GFP reporter. **B,** Design of the RNF149 knockdown study. **C,** mRNA levels of RNF149 in infarct macrophages (CD45<sup>+</sup>CD11b<sup>+</sup>Ly6G– F4/80<sup>+</sup>CD64<sup>+</sup> ) from the designated groups according to the experimental setup in **B**; n=5 per group. **D-E,** Echocardiographic measurements of LV function in AAV-F4/80-NC and AAV-F4/80-shRNF149 mice after sham operation or 14 days post-MI; n=6 per group for sham and n=7 per group for MI. Data in **C** were analyzed using the Mann-Whitney test. Data in **E** were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test**.** ns, not significant.



**Figure S9. RNF149 loss aggravates myocardial IR injury. A,** Representative photographs of Evans blue and TTC double stained serial heart slices from WT and RNF149KO mice at day 2 after myocardial IR injury. **B,** Quantitative analysis of infarct size at day 2 post-IR in WT and RNF149KO mice. The ratios of AAR/LV (area at risk/ total left ventricular area) and infarct area/AAR (infarct area/area at risk) were determined, n=8 per group. **C-D,** TTC staining for infarct measurements 2 days after IR in RNF149KO mice compared with WT controls. **E,**  Echocardiographic measurements of left ventricular internal diameter at end-systole (LVIDs), left ventricular internal diameter at end-diastole (LVIDd), fractional shortening (FS), ejection fraction (EF), end-diastolic volume (EDV), and end-systolic volume (ESV) in WT and RNF149KO mice at day 4 after IR or the sham surgery; n=6 per group. Data in **B** and **D** were analyzed using unpaired two-tailed student's t-test. Data in **E** were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test**.** ns, not significant.

v Adnull



**Figure S10. Adenovirus-mediated RNF149 overexpression in macrophages improves cardiac function in mouse models of MI. A,** Schematics of adenoviral vector expressing mouse RNF149 driven by CD68 promoter. **B,** Design of the AdRNF149 study. **C,** mRNA levels of RNF149 in infarct macrophages (CD45<sup>+</sup>CD11b<sup>+</sup>Ly6G–F4/80<sup>+</sup>CD64<sup>+</sup> ) from the designated groups according to the experimental setup in **B**; n=5 per group. **D-E,** Echocardiographic measurements of LV function in Adnull and AdRNF149 mice after sham operation or 14 days post-MI; n=6 per genotype for sham and n= 7 per genotype for MI. Data in **C** were analyzed using the Mann-Whitney test. Data in **E** were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test**.** ns, not significant.



 $\Box$  WT  $\Box$  RNF149KO

**B**

 $\circ$  $\frac{+}{5}$ 

ღ<br>ფ a/R

OI (%)

20 ns 15 ŧ  $10 -$ 曺 5 0 RNA ABOKO

8 ns c ells (%) 6 Ė 4 青 y eloid 2  $\mathsf E$ 0 RNA ABOKO

 $\circ$ D11b+

0 4 8 თ<br>ჯ ≅  $A^*$ are a/R OI (%)



15 ns  $10$ ŧ É 5 0 RNT ASKO

 $\circ$ D

 $31<sup>+</sup>$ are

a/R

OI (%)

**Figure S11. RNF149 deficiency contributes minimally to extracellular matrix remodeling in the non-infarct area. A,** Immunofluorescence staining of collagen I, CD11b, α-smooth muscle actin (α-SMA), and CD31 on non-infarct areas of WT and RNF149KO hearts 7 days after MI. **B,** Dot plots showing the quantified data of **A**. n=7 per group. Data were analyzed using unpaired two-tailed student's t-test. ns, not significant.

**A**



### **Figure S12. Comparable collagen content in the non-infarct area of WT and RNF149KO**

**hearts.** Masson's trichrome (TC) and Picrosirius red (PSR) staining of heart transverse sections to detect collagen in the non-infarct area of WT and RNF149KO hearts one week after MI (n=7). Data were analyzed using unpaired two-tailed student's t-test. ns, not significant.



WT-MI  $\circ$ RNF149KO-MI **Figure S13.** *Csf3, IL-6, IL-23a, Nlrp3,* **and** *Tnfsf11* **mRNA expression in WT and RNF149KO hearts 3 days post-MI.** n=8 per group. Data were analyzed using unpaired twotailed student's t-test.



**Figure S14. Temporal dynamics of the type II interferon-STAT1 signaling pathway in cardiac macrophages after MI. A,** Real-time PCR analysis of type II interferon (IFN-γ) expression in wild-type hearts before and after MI (n=6, each). **B,** ELISA analysis of IFN-γ expression in wild-type hearts pre- and post-MI (n=6, each). **C,** Time course changes of IFNGR1 expression in cardiac macrophages before and after MI (n=6, each). **D,** Time course changes of phosphorylated STAT1 in cardiac macrophages before and after MI (n=5, each). Data were analyzed using one-way ANOVA with Dunnett's multiple comparisons test (**A, B, C**) and Kruskal-Wallis test with Dunn's post hoc test (**D**).

 $\mathsf{A}$  **B**  $\mathsf{A}$  **B** BMDMs p=0.0208 AAV2 ITR **AAV-F4/80-pro** p=0.0058 p=0.0127 ori  $1.5 -$ 2.0 **Mir30-m-shIFNGR1** c h a n g e) A c h a n g e) A ns Z CMV enhancer Z r r pCMV R1 m 1.5 R1 m AmpR 1.0 e x pre s sio n (fold e x pre s sio n (fold F4/80-MCS-CMV-ပ EGFP ပ 1.0 EGFPAmpR ⋢ Relativ e IF N Relativ e IF N promoter 0.5 0.5 f1 ori WPRE AAV2 ITR 0.0  $^{\circ}$  0.0 hGH ploy(A) signal AAV-F4/80-Shift G2-A

**C**

MФ sorted from heart tissue after MI



**Figure S15. Efficacy of AAV encoding IFNGR1-shRNA driven by F4/80 promoter. A,** Full sequence map for AAV-F4/80-miR30-m-shIFNGR1-eGFP (AAV-F4/80-shIFNGR1); The AAV system harbors a macrophage-specific F4/80 promoter, a miR30-based shRNA targeting IFNGR1, a cytomegalovirus promoter, and an enhanced GFP reporter. **B,** RT-PCR detected IFNGR1 mRNA expression in BMDMs from AAV-F4/80-shIFNGR1 or AAV-F4/80-NC-infected mice on day 28 after intra-BM injection. **C,** mRNA levels of IFNGR1 in infarct macrophages (CD45<sup>+</sup>CD11b<sup>+</sup>Ly6G–F4/80<sup>+</sup>CD64<sup>+</sup> ) from the designated groups according to the experimental setup in Figure 7A; n=5 per group. Data were analyzed using unpaired two-tailed student's ttest (**B**) and Kruskal-Wallis test with Dunn's post hoc test (**C**). BMDMs, bone marrow-derived macrophages; NC, negative control; KD, knockdown; ns, not significant.

**A**

#### **STAT1-binding sites** > Mus musculus (mm10) RNF149 promoter region, strand (-)

 $-$  S7  $-$  S<sub>6</sub>  $-$  S<sub>5</sub>  $\rm{CCAAAGATAAAAGAAGACCGGGTCTAAACCTAAAACATATTGGTCTGGGCCCCCAACAAAC**TACTTCGTGTAATTAT** — S4$ - S3  $-$  S<sub>2</sub>  $-$  S<sub>1</sub> 5'GCATGGGCCTGCAGAGACACCCCCTTCCCCCACACCTCACCACATACTCCCATAGAACATATCCCATCTTCTC TTTATCTTTTTATAAACACATCATTGGAGGGACTGGGATTTAGAAACTCTGCAGGTTTGCATCCCACTCCAGCTAT CACATGGAGATTCACACTCACTAGCCTAGAACTTGGAAGCCCCCGTTCCCCACTGGTCAGAGTAAACTTACATCT GCATGCTCCCAACATACTGCTAGTTGAAGCTGGCACTCGAAGAGAGCAAGCAAGAAATCCTGGCCCTTATGAAG GCCCCAAACCTTATTCCGAAATCAGTATTGGTAGCATGAAATTAATGTGCATACATATTATGCACAAGTGACATGG GAAACCGAGCTTTTGTTAGCCCATGGTCAGCCAAGACAGGTTTTACAGAAGAAACAGCTGAAGGGTTAAAATTTC AAAACCAATGTAGTGTTTGCCCGAACAAGAGGCAGAAGGAAGAGG**TCATTTCAGGAAGAA**GGAAATAATGTGTC AGACAGCAAGAAACCACAGC**GCTGTGTTCTGGGAACTAAAA**GCCTTTGCATTGCTGAAGCACAGCGCCAGGGG TTCTCGGGAGTGTTCCTCAGGCTGAAACACACCATCTTGTTCTGGGTCTAAAACATGGGAAAGGCCTTAACCTG GAAATCCTATTGGCCTTTAAAACATGC**TTTCCTGGGGC**TGGGGCGATGGGTCAGTGGTTAAGAACCTAGGTTTG ATTCTGAGCACCCATATAGTGGCTGGCAATAGTCTATAACTCCAGTTCCAGGGCTAGTCAAGGGACATAAAACAT ACATGGTGAATAGATATATATGCAGGCAAAACACTCACATACATAAAATAAAAATAAATACATTATTTTAGTAATGG GAGTGGGAGAAGAGGTTTAACTTTAAAGCTACTCCTAGCTGGAACTCAGGCTGTGTCTCATACCACAGATGCAAT AAACTCTTGCACAAAGAAGGAAGACTAGTGAGTCAATCAGAAATCAAAGCCCTGAACTTCATTTCCAGCTCCTTA GTGGTTTGTTTGGTAGAAATAAAGAGACTGACGATGATTTCACGAATCACACAGTTTATTGCCACACAAAGGGGA CTTTTGGCATTTGCTCACACTGAGTAAAGAGGGGGAAACAACATGAGCAAGCCTCACAGGGAACATGGTTCAGA AATGCGGCAGCACAACGGCATAGTGAGTGAGTTTTGAAATCATGAGTTCAGTTGCTCCATCAGAATCGAAGCAG GCCTCTGCTGAAAGTCCAGTGTAATTAAAGACTTGGTGTTCCTTTATAGAACTGGTTCTCAGGAGAAACTGGTTT GACCAATACAACAGAGATCTGTGAGGTGACCTGAGGCCCCTCAGATAAAAAGGATAATATAAGTCAGGCTTAGG GATGAGTTGAAGGTCTGTCACAGTATATGCCTGTGTGTGTATGTCTTCAGAATAGTGCCTAACAATGTATAGCTAT GCATTAAGTCCATCACTTAAGTGTCCACTTCTTAGGTTTAAATACATTTTGATATTCAGTAGCTCATATATGAAGAG GTATTTTAAATGTCTTTTGATATTTGGTAACTCGGGTGTGATGTCTCCTCAGCGTTATGGAGAGATCTCCTGTGTT TATTCGGGTCTAGTCAGACTTCACATTC**TTCAAAGGAAA**TACCTTTCAGGTTCGCTGGGGTTGATCTACCAGAGC ATCTCAAATCTCAGCTCTACTCAAGAT**TTTACCGGAGC**AGAGTTACCATACTTGCATTTAACTATGTTTAGTGTGT TCAGGATCTTTTAATGGTACACTGAAAGTATCCACCCACTGTGTTGTCGAAGGACTATCTATCAGCCACCATTTAC CTCCAAACAAATCCTTTCCCCTTTTTCCCCCCTTTTGATTAATGTAGCACCTTCGTCTTCGTCCAAACAGAGGCAC ACATAAACTAAGGAGAAGGAAGAAAGGGCTCGAAGGCAACCATTGAGAAAAGAGCAACAAAGAATTTAATATATT ACAGAGTTTGTAACAAAAGGCATCTGGACAACTTGACTTAGTGGTTTTTGTTGTTGTTTGCTTGTTTGTTTAAGTG GTTTAGGCAGCCAGGCTTTTGCCGCGTGCCTTGCACAGTCAACTCCAC**CCTCTGAGAAA**CTTTACACAACCGCA GTCCCACGCTGGCCGACCCGGAGCGCACAAACTTCCCCAGACTTGGGGACTCTGGCAGCAGGGTTGCACAACT CTCTGCAGCATCTGCAAGCTTCAGCTCGGCCGCCCACAGCCCTGCGGCACAGACCCTGGCGCCTGCGCACTCC TCACGCCCGCGGGCAGGGCCCCACCCCTTCCGTCGCCACGCCCCGGTCACGCCCCTCCAGGTGCGCGTGCGC CGCGGGTCCGCCCCCGCCGCGCTCGGCGGTCTCTCGCGAGCCGCCGCCGTCTCCTCAAAGCT 3'

**B**

#### Primers used in ChIP-qPCR

- P1: S1 primer-F: GAGTTGTGCAACCCTGCTG S1 primer-R: TGCCTTGCACAGTCAACTC
- P2: S2-3 primer-F: GTATGGTAACTCTGCTCCGGT S2-3 primer-R: GTGTGATGTCTCCTCAGCGT
- P3: S4 primer-F: CAGGGCTTTGATTTCTGATTGACT S4 primer-R: TGTGTCTCATACCACAGATGCAA
- P4: S5-7 primer-F: AACCACTGACCCATCGCC S5-7 primer-R: AGGCAGAAGGAAGAGGTCAT

**Figure S16. Analysis of STAT1-binding sites in** *Rnf149* **genomic loci. A,** Identification of the putative STAT1-binding sites in the *Rnf149* promoter using the online TFBSs (transcription factor binding sites) analysis tool JASPAR. The *Rnf149* promoter region containing the STAT1-binding sites is displayed, with putative STAT1-binding sequences highlighted in red. **B,** ChIP-qPCR primers designed for amplification of *Rnf149* promoter fragments harboring the STAT1-binding sites.



**Figure S17. Model of RNF149-mediated IFNGR1 destabilization in macrophage-driven inflammation following MI.** The cartoon depicts the mechanisms by which RNF149 restrains macrophage inflammation and favors post-infarction cardiac repair. Acute MI stress activates the type-II IFN (IFN-γ) signaling pathway in cardiac macrophages, which triggers the proinflammatory activation of macrophages to mediate myocardial injury and remodeling after MI. In addition, STAT1 activation induces heightened expression of RNF149, which promotes the ubiquitination and proteasomal degradation of IFNGR1, acting as a negative feedback mechanism on type-II IFN signaling and macrophage-driven inflammation. Consequently, RNF149 loss-of-function augments the inflammatory response in macrophages, which exacerbates myocardial ischemic injury and impairs infarct healing, leading to maladaptive remodeling and heart failure.

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### **Baseline echocardiographic parameters of RNF149KO and WT mice**

Results are presented as mean ± SEM.

LVID;s = left ventricular internal diameter at end-systole; ESV = end-systolic volume;

LVID;d = left ventricular internal diameter at end-diastole; EDV = end-diastolic volume;

 $FS =$  fractional shortening;  $EF =$  ejection fraction;  $HR =$  heart rate.



### **Echocardiographic parameters of WT and RNF149KO mice after sham operation or 14 days post-MI**

Results are presented as mean ± SEM. Data were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test. ∗∗ p versus WT MI.

LVID;s = left ventricular internal diameter at end-systole; LVID;d = left ventricular internal diameter at end-diastole;



### **Echocardiographic parameters of mice with bone marrow transplantation 14 days post-MI**

Results are presented as mean ± SEM. Data were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test. ∗, ∗∗ p versus WT-BM to WT; #, ## p versus WT-BM to RNF149KO.

LVID;s = left ventricular internal diameter at end-systole; LVID;d = left ventricular internal diameter at end-diastole;



### **Echocardiographic parameters of AAV-F4/80-NC and AAV-F4/80-shRNF149 mice after sham operation or 14 days post-MI**

Results are presented as mean ± SEM. Data were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test. ∗∗ p versus AAV-F4/80-NC MI.

LVID;s = left ventricular internal diameter at end-systole; LVID;d = left ventricular internal diameter at end-diastole;



### **Echocardiographic parameters of Adnull and AdRNF149 mice after sham operation or 14 days post-MI**

Results are presented as mean ± SEM. Data were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test. ∗∗ p versus Adnull MI.

LVID;s = left ventricular internal diameter at end-systole; LVID;d = left ventricular internal diameter at end-diastole;

# **Table S6 RNF149 protein interactome from BioGRID database**





### **RNF149 protein interactome from BioGRID database**







### **KEGG pathway enrichment analysis for RNF149-interacting proteins**

P-value is calculated using hypergeometric test and adjusted by false discovery rate (FDR) correction. The cutoff of significance is adjusted P-value<0.05. The lower P-value indicates the more significant enrichment.

### **Transcriptome analysis of mRNA expression alterations of RNF-149-binding protein candidates in RNF149KO infarcted hearts**





### **Echocardiographic parameters of WT and RNF149KO mice administrated with AAV-F4/80-NC or AAV-F4/80-shIFNGR1 14 days post-MI**

Results are presented as mean ± SEM. Data were analyzed using two-way ANOVA with Bonferroni's multiple comparisons test. ∗∗ p versus WT+NC, ## p versus WT+NC, †† p versus RNF149KO+NC.

LVID;s = left ventricular internal diameter at end-systole; LVID;d = left ventricular internal diameter at end-diastole;



### **Clinical characteristics of control subjects and patients with acute MI**

Hu-MI = human myocadial infarction; AMI = Acute Myocardial Infarction; M = male; F = female.

### **Primers for real-time quantitative PCR**

