### FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

_	_	-	••	-			-					-	٦
			Wa	as	hir	igto	on,	D	.C.	2	05	49	9

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average burd	len								
hours per response:	1.0								

Form 2 Holdings Paparted

Instruction 1(b)

	i ioiuiriga ixepo	itcu.															
Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ad								
	d Address of Alan Set	2. Issuer Name <b>and</b> Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [ CRNX ]								5. Relationship of Reporting Po (Check all applicable) Director				10% Owner			
		st) (I IARMACEUTIONYON ROAD,		Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019							ĺ	X Officer (give title Other (specify below)  Chief Medical Officer					
(Street) SAN DIEGO CA 9			2121	Line						6. Ind Line) X	,				rson		
(City)	(Sta		Zip)	vativa Caa		- 4-		ad Di		-6	Danatia	:-!!.	. 0				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	ZA. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acqu Of (D) (Instr. 3, 4 and		uired (A)	ed (A) or Disposed d 5)		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock			05/20/2019	J <sup>(1)</sup>		l)	1,	471	A	\$14.4	5	4,941		D			
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. Numof of Deriv Securi Acqui (A) or Dispo of (D) (Instrand 5	ative rities ired osed			ite	Amo Secu Undo Deri Secu and	Amount or Number of	De Se (In	8. Price of Derivative derivative Security (Instr. 5) Enefic Owned Followin Reporte Transac (Instr. 4)		Ownersh Form: Direct (D) or Indirect (I) (Instr.		Beneficial Ownership (Instr. 4)

# **Explanation of Responses:**

1. Shares purchased under Crinetics Pharmaceuticals, Inc 2018 Employee Stock Purchase Plan in a transaction exempt from Section 16(b) pursuant to Rule 16b-3(c).

#### Remarks:

/s/ Marc Wilson as attorney-in-

<u>fact</u>

\*\* Signature of Reporting Person

02/11/2020

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.