

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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* <u>PERCEPTIVE ADVISORS LLC</u>  (Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR  (Street) NEW YORK NY 10003  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/17/2018	3. Issuer Name and Ticker or Trading Symbol <u>Crinetics Pharmaceuticals, Inc. [ CRNX ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Series B Preferred Stock	(I)	(I)	Common Stock	1,880,305	0	I	See footnote <sup>(2)</sup>

1. Name and Address of Reporting Person* <u>PERCEPTIVE ADVISORS LLC</u>  (Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR  (Street) NEW YORK NY 10003  (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>PERCEPTIVE LIFE SCIENCES MASTER FUND LTD</u>  (Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR  (Street) NEW YORK NY 10003  (City) (State) (Zip)		
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1. Name and Address of Reporting Person*		
<u>EDELMAN JOSEPH</u>		
(Last)	(First)	(Middle)
<u>51 ASTOR PLACE, 10TH FLOOR</u>		
(Street)		
<u>NEW YORK</u>	<u>NY</u>	<u>10003</u>
(City)	(State)	(Zip)

**Explanation of Responses:**

- Each of the 6,186,205 shares of Series B Preferred Stock held by Perceptive Life Sciences Master Fund Ltd. (the "Master Fund") is convertible, at any time, at the holder's election, at a ratio of 3.29 to one share of the Issuer's common stock. In addition, effective immediately prior to the closing of the Issuer's initial public offering of its common stock, each share of Series B Preferred Stock will automatically convert at a ratio of 3.29 to one share of the Issuer's common stock. The Series B Preferred Stock has no expiration date.
- The securities are directly held by the Master Fund. Perceptive Advisors LLC (the "Advisor") serves as the investment manager of Master Fund. Joseph Edelman is the managing member of the Advisor. Each of Mr. Edelman and the Advisor disclaims, for purposes of Section 16 of the Securities Exchange Act of 1934, beneficial ownership of such securities, except to the extent of his/its indirect pecuniary interest therein, and this report shall not be deemed an admission that either Mr. Edelman or the Advisor is the beneficial owner of such securities for purposes of Section 16 or for any other purposes.

**Remarks:**

/s/ Joseph Edelman - for  
Perceptive Life Sciences  
Master Fund Ltd., By:  
Perceptive Advisors LLC, its 07/17/2018  
investment manager, By:  
Joseph Edelman, its managing  
member

/s/ Joseph Edelman - for  
Perceptive Advisors LLC, By: 07/17/2018  
Joseph Edelman, its managing  
member

/s/ Joseph Edelman 07/17/2018

\*\* 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 5 (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.**