FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | |
|--------------------------|------|--|--|--|--|--|--|
| OMB Number: 3235-036 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response | . 10 | | | | | | |

| Check | this box if no lo | nger subject | | | v | rvasining | Jion, D | . O. 200 | 7-10 | | | | | | OME | 3 APPR | OVAL |
|---------------------------------|--|--|---|----------------------------------|---|--|---|------------------------------|----------------------------|---|------------|---|---|---|--------------------------------------|--|---|
| to Sec obligat Instruc | tion 16. Form 4 tions may contir ction 1(b). | or Form 5 nue. See | ANNUAL | STATE | | O TN | | | | IN E | 3EI | NEFIC | IAL | Esti | | per: average bu esponse: | 3235-0362 orden |
| Form 3 | 3 Holdings Rep | orted. | | | | 40() | | | | | | | | | | | |
| Form 4 | 4 Transactions I | Reported. | Filed | I pursuant to So or Section 3 | | | | | | | | f 1934 | | | | | |
| 1. Name a | nd Address of | Reporting Person | * | 2. Issuer Na | | | | | | _ | | | Relationship | | ting Pe | erson(s) to | Issuer |
| <u>Krasne</u> | <u>r Alan Se</u> | <u>th</u> | | Crinetics | s Ph | <u>narma</u> | aceut | <u>ticals</u> | <u>, Inc.</u> | CRN | NX . | | Direc | | | 10% | Owner |
| | | | | | | | | | | | | | X Office below | er (give titl v) | е | Othe belov | r (specify v) |
| (Last) | (Fir | , | (Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2020 | | | | | | 'ear) | Chief Medical Officer | | | | , | |
| l | | HARMACEUT | | | | | | | | | | | | | | | |
| 10222 B | ARNES CA | ANYON ROAD |), BLDG 2 | 4. If Amendr | nent, | , Date o | of Origin | inal File | d (Month | /Day/Y | /ear) | 6. | ndividual o | r Joint/Gro | oup Filii | ng (Check | Applicable |
| (Street) | | | | | | | | | ` | | , | Lin | , | flad by C | Na Da | acetina Da | |
| SAN DI | EGO CA | | 92121 | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| | | | | | | | | | | | | | Perso | | iore tric | an one re | oporting |
| (City) | (Sta | ate) (| (Zip) | | | | | | | | | | | | | | |
| | | Table | e I - Non-Deriva | ative Secur | ities | s Acq | uired | d, Dis | posed | of, o | r B | enefici | ally Own | ed | | | |
| 1. Title of Security (Instr. 3) | | Date | 2A. Deemed Execution Date, if any | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5) | | | | r Disposed | Securities Beneficially | | Ownership In Form: Direct B | | | |
| I | | | (Month/Day/Year) | | | Code (In | | O. (D) (. | | uu 0, | | | | ally | Form | Direct | Beneficial |
| | | | (Month/Day/Year) | if any (Month/Day/Yea | | | nstr. | Amoun | | (A) or (D) | Т | rice | Owned a | ally at end of | | Direct ct (I) | |
| Common | Stock | | (Month/Day/Year) | | | Code (In | nstr. | | t | (A) or | Т | rice \$14.45 | Owned a Issuer's Year (Ins 4) | ally at end of Fiscal | Form: (D) or Indire (Instr. | Direct ct (I) | Beneficial Ownership |
| Common | | | | | | Code (In 8) | nstr. | Amoun | t .65 | (A) or (D) | Т | | Owned a Issuer's Year (Ins. 4) | ally at end of Fiscal str. 3 and | Form (D) or Indire (Instr. | ct (I) | Beneficial Ownership |
| | | | 05/20/2020 11/20/2020 | (Month/Day/Yea | ar) { | J(1) J(1) | nstr. | Amount 1,1 | 65 77 | (A) or (D) A | Pi | \$14.45 \$11.61 | Owned a Issuer's Year (Ins. 4) | ally at end of Fiscal str. 3 and | Form (D) or Indire (Instr. | Direct of the control | Beneficial Ownership |
| | | Ta | 05/20/2020 11/20/2020 lble II - Derivat | (Month/Day/Yea | ies | J(1) J(1) Acqui | nstr. | Amount 1,1 27 | .65 77 osed o | (A) or (D) A A of, or | Be | \$14.45 \$11.61 neficial | Owned a Issuer's Year (Ins. 4) 6, 6, | ally at end of Fiscal str. 3 and | Form (D) or Indire (Instr. | Direct of the control | Beneficial Ownership |
| | | Ta 3. Transaction Date (Month/Day/Year) | 05/20/2020 11/20/2020 ble II - Derivat (e.g., pt | (Month/Day/Yea | ies varr 5. Nu of Deriv Sect (A) of Disp of (D | J(1) J(1) Acquirants, umber divative urities uired or cosed (2) tr. 3, 4 | nstr. | Amount 1,1 27 Disp ons, c | t .65 77 osed conver | (A) or (D) A A of, or tible d 7. Ai Si Ui Di Si | Be Sec | \$14.45 \$11.61 neficial curities; and int of ities lying titive ity (Instr. | Owned a Issuer's Year (Ins. 4) 6, 6, | ally at end of Fiscal str. 3 and | Form (D) or Indire (Instr. | Direct of the control | 11. Nature of Indirect Beneficial Ownership |

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 attorneyin-fact

02/05/2021

** 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.