Instruction 1(b).

FORM 4

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 Washington, D.C. 20549

OMB APPROVAL

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STATEMENT	OF (CHANGE	ES IN	BENEFIC	CIAL	OWNE	RSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

			or Section 30(n) of the investment Company Act of 1940							
1		,	2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [CRNX]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Struthers R	ichard Scou	•		X	Director	10% Owner				
(Last)	(First) (Middle) RINETICS PHARMACEUTICALS, INC.		3. Date of Earliest Transaction (Month/Day/Year) 03/18/2024	X	Officer (give title below) President &	Other (specify below)				
C/O CRINET	ICS PHARMA	CEUTICALS, INC.			i resident de	CLO				
6055 LUSK B	OULEVARD		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Fili	ing (Check Applicable				
(Street)			-	X	Form filed by One Re	porting Person				
SAN DIEGO	CA	92121		Form filed by More than One Reporting Person						
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication							
C/O CRINETICS PHARM 6055 LUSK BOULEVARE (Street) SAN DIEGO CA		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock	03/18/2024		F ⁽¹⁾		12,687	D	\$38.14	237,835	D		
Common Stock								1,000	Ι	By Spouse	
Common Stock								570,805	Ι	By Family Trust 1	
Common Stock								110,000	I	By Family Trust 2	
Common Stock								110,000	Ι	By Family Trust 3	
Common Stock								110,000	Ι	By Family Trust 4	
Table II -	Derivative Se	curities Acqu	ired I	Disn	osed of o	r Bene	ficially	Owned			

(e.g., puts, calls, warrants, options, convertible securities)

			(**3*) [**	,	, .		,					,		
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. Transa Code (8)		of E		6. Date Exerc Expiration Da (Month/Day/Y	nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

1. Represents the number of shares of common stock withheld by the Issuer to cover the reporting person's tax withholding obligation upon the vesting of Restricted Stock Units granted on February 28, 2022 and March 1, 2023. The disposition reported in this Form 4 was effected by a broker pursuant to instructions set forth in a Rule 10b5-1 trading plan adopted by the Reporting Person.

Remarks:

/s/ Marc Wilson, as attorney-03/20/2024

in-fact

** 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.