FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ington,	D.C.	20549			

Nashington, D.C. 20549	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*  Betz Stephen F.				2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [ CRNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner					vner		
(Last)	(Fi NETICS P	rst) (MARMACEUTI	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/28/2024							X	Officer (give title below)  Chief Scien		Other (sp below) tific Officer		specify	
6055 LUSK BOULEVARD				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) SAN DII	Street) SAN DIEGO CA 92121											X Form filed by One Reporting Person  Form filed by More than One Reporting  Person							
(City)	(St	ate) (Ž	Zip)		Rule 10b5-1(c) Transaction Indication  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.									ended to					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				Execution Date,					Acquired (A) or f (D) (Instr. 3, 4 and		Beneficially Owned Following		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/28/20				024		<b>S</b> <sup>(1)</sup>		3,000	D	\$47.4	.49 <sup>(2)</sup>		36,643		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)	erivative   Conversion   Date   Execution Date, curity   or Exercise   (Month/Day/Year)   if any			ransaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
			Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares								

## **Explanation of Responses:**

- 1. The sale reported in this Form 4 was effected automatically pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- 2. The common stock was sold by the reporting person in open market transactions on the transaction date, with a volume weighted average sales price of \$47.49 per share. The range of sales prices on the transaction date was \$47.24 to \$48.01 per share. Detailed information on the exact number of shares can be obtained from the issuer upon request

Marc Wilson, as attorney-in-05/30/2024

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.