| SEC Form 4 | |
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FORM 4

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

51 ASTOR PLACE, 10TH FLOOR

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | 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* <u>PERCEPTIVE ADVISORS LLC</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Crinetics Pharmaceuticals, Inc.</u> [CRNX] | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | | |
|--|---|--|--------|-----------------------------|--|--|---|-------------------------|---------------|---|------------------|--------------------|---|---|--|---|--|---|---|---|--|
| (Last) (First) (Middle) 51 ASTOR PLACE, 10TH FLOOR | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/17/2020 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| (Street) NEW YORK NY 10003 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | tate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | | | I - N | on-Deriva | | | | | | d, D | | - | | | | - | | | | | |
| 1. Title of Security (Instr. 3) | | | | Date | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | 3. Transaction Code (Instr. 8) | | sposed Of (| Acquired (A) or (D) (Instr. 3, 4 a | | and | Beneficia Owned F Reported | s ally ollowing I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Common | Common Stock | | | 04/17/20 | :020 | | | | Code V | | ┼ | nount ,071,428 | (D) | A) or D) Price | | Transaction(s) (Instr. 3 and 4) 3,659,381 | | I | | See Footnote ⁽¹⁾ | |
| | | Ta | ble II | - Derivat | ive Se | ecu | rities | Acqu | uired, | Dis | spos | sed of, o | r Be | nefic | cial | ly Owned | d l | | | TOULIOL | |
| 1. Title of | 2. | 3. Transaction | | eemed | 4. | | 5. N | umber | 6. Da | te Exe | ercisa | | 7. Title | e and | ies) | 8. Price of | 9. Numb | | 10. | 11. Natu | |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) | if any | ution Date, :h/Day/Year) | Transa Code 8) | | . Der Sec Acq (A) Disj of (I | oosed D) tr. 3, 4 | | | i Date ly/Yea | ar) | Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | str. | Derivative Security (Instr. 5) | derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | es ally g | Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficia O) Ownershi ect (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | isabl | | Expiration Date | Title | Amou or Numb of Share | ber | | | | | | |
| | | f Reporting Person [*] ADVISORS I | | | | | | | | | | | | | | | | | | | |
| <u></u> | | | | | | _ | | | | | | | | | | | | | | | |
| (Last) 51 AST | OR PLACE | (First) , 10TH FLOOR | (N | 1iddle) | | | | | | | | | | | | | | | | | |
| (Street) NEW Y | ORK | NY | 10 | 0003 | | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Z | lip) | | | | | | | | | | | | | | | | | |
| | EPTIVE I | f Reporting Person [*] L <u>IFE SCIEN(</u> | | <u>MASTE</u> | <u>R</u> | | | | | | | | | | | | | | | | |
| | | (First) ADVISORS LL , 10TH FLOOR | | 1iddle) | | | | | | | | | | | | | | | | | |
| | | , 101111100K | | | | - | | | | | | | | | | | | | | | |
| (Street) NEW Y | ORK | NY | 10 | 0003 | | | | | | | | | | | | | | | | | |
| (City) | | (State) | (Z | ip) | | | | | | | | | | | | | | | | | |
| | nd Address o MAN JOS | f Reporting Person [*] SEPH | | | | | | | | | | | | | | | | | | | |
| (Last) C/O PEF | RCEPTIVE | (First) ADVISORS LL | | 1iddle) | | | | | | | | | | | | | | | | | |

| (Street) NEW YORK | NY | 10003 |
|----------------------|---------|-------|
| (City) | (State) | (Zip) |

Explanation of Responses:

1. The securities are directly held by Perceptive Life Sciences Master Fund Ltd. (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/ Perceptive Life SciencesMaster Fund Ltd., By:Perceptive Advisors LLC, its
investment manager By:Joseph Edelman, its managing
member/s/ Perceptive Advisors LLC,
By: Joseph Edelman, itsBy: Joseph Edelman, itsmanaging member/s/ Joseph Edelman/s/ Joseph

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.