FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, 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

Name and Address of Reporting Person*     Betz Stephen F.						2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [ CRNX ]									k all app Direc	licable) tor	ng Pe	rson(s) to Is	vner
(Last)	(Fi	,		3. Date of Earliest Transaction (Month/Day/Year) 07/10/2024									J	Officer (give title below)  Chief Scien		ntific	Other (s below)	specify	
C/O CRINETICS PHARMACEUTICALS, INC. 6055 LUSK BOULEVARD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					pplicable
(Street) SAN DIEGO CA 92121						Form filed by One Reporting Person  Form filed by More than One Reporting Person													
(City) (State) (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.													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					·	if any	emed tion Date, n/Day/Year)		3. Transaction Code (Instr. 8)		Acquired (A) of (D) (Instr. 3, 4 a		nd 5) Securit Benefic Owned		ties cially I Following	Forn (D) c	m: Direct or Indirect nstr. 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 07/10/20					)24				<b>S</b> <sup>(1)</sup>		3,000	D	\$48.5	55(2)	78,611 <sup>(3)</sup>			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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, :h/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/		ate	7. Titl Amou Secur Under Derive Secur 3 and	int of rities rlying ative rity (Instr.	Der Sec	rice of ivative urity tr. 5)	9. Number of 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 \$48.55 per share. The range of sales prices on the transaction date was \$48.63 to \$48.46 per share. Detailed information on the exact number of shares can be obtained from the issuer upon request
- 3. Includes 968 shares acquired under the Issuer's Employee Stock Purchase Plan.

Marc Wilson, as attorney-in-

07/12/2024

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.