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FORM 4 UNITED STA				41 E i	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549										OMB APPROVAL				
Section 16. Form 4 or Form 5 obligations may continue. See					ed pur	d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											OMB Number: 3235-028 Estimated average burden hours per response: 0.		
1. Name and Address of Reporting Person [*] Okey Stephanie						2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [CRNX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle)				_	3. Date of Earliest Transaction (Month/Day/Year) 06/07/2024								Officer (give title Other (specify below) below)				specify		
C/O CRINETICS PHARMACEUTICALS, INC. 6055 LUSK BOULEVARD					4.	Line								ndividual or Joint/Group Filing (Check Applicable e) Form filed by One Reporting Person					
(Street) SAN DIEGO CA 92121					Form filed Person										ed by More than One Reporting				
(City)	ity) (State) (Zip) (Zip) (Zip) Check this box to indicate that a transaction use 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.									d to									
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed c	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L					'ear) i	Executior f any	A. Deemed kecution Date, any lonth/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficia Owned F	es ally following	Form (D) of	m: Direct	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	Amount (A) or (D) P		Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)		
Common Stock 06/07				7/202			Α		3,40) 9,	9,400		D				
		-	Table II - I (uired, D s, option					Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration (Month/Da	Date	•	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Stock Option (right to buy)	\$44.71	06/07/2024			A		12,500		(2)	(06/07/2034	Common Stock	12,500	\$0	12,50	0	D		

Explanation of Responses:

1. The transaction reported on this line involves the receipt of restricted stock units, which represent the right to receive shares of the Issuer's Common Stock, with 100% vesting on the earlier of the first anniversary of the grant date or (b) the next occurring annual meeting of the Issuer's stockholders, subject to the Reporting Person's continued service on the board of directors of the Issuer through such vesting date.

2. The stock option shall vest and become exercisable on the earlier of the first anniversary of the grant date or (b) the next occurring annual meeting of the Issuer's stockholders, subject to the Reporting Person's continued service on the board of directors of the Issuer through such vesting date.

Marc Wilson, as attorney-in-	06/11/2024				
fact	00/11/2024				
** 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.