FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	struction 10.																		
Name and Address of Reporting Person* Details Charles T. T. T. T. T. T. T. T. T. T. T. T. T. T. T					2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [CRNX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Betz Stephen F.				1	Crimetics Final maceuticals, The. [CRIVA]								Direct			10% Ov			
(Last) (First) (Middle)					3. [Date of Earliest Transaction (Month/Day/Year)							\dashv		Officer (give title below)			specify	
` ′	,	,	` ′	IC		12/16/2024								Chief Scientific Officer					
C/O CRINETICS PHARMACEUTICALS, INC.																			
6055 LUSK BOULEVARD				4 1	A If Amoundment Date of Original Filed (Marth/P-: 0/)								6 Individual or Joint/Crown Filing (Cheek Asslicable						
(Ctroot)					. 4. "	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	eco c	A .	02121											 Form	filed by One	e Repo	orting Perso	n	
SAN DIEGO CA 92121												Form filed by More than One Reporting							
(0:1)	(0)		(:)											Person					
(City)	(S1	tate)	(Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of S	Security (Inst	r. 3)		2. Trans	action								5. Amou				7. Nature		
Date (Month/Date				Day/Ye				Code (Instr				str. 3, 4 an	Benefic	ally (D) o	(D) o	or Indirect	of Indirect Beneficial		
ľ				(1		(Month/Day/Year)		ar) 8)					Owned Reporte		(l) (ln 		Ownership (Instr. 4)		
										• v	Amount	(A) o	Price	Transac (Instr. 3				`	
Common Stock 12/16/				5/202	/2024		М		2,33	1 A \$1.		1 71	71,358		D				
Table II - Derivat					tivo	S00	uritio	s A co	uirod	Dier	osod of	or Bon	oficially	, Owned		J			
		•									converti			y Ownea					
1. Title of	2.	3. Transaction	3A. Deeme	ed	4.		5. N	umber	6. Date E	Exerci	sable and	7. Title ar	ıd	8. Price of	9. Number	r of	10.	11. Nature	
Derivative Conversion Date Security or Exercise (Month/Day/Ye			Execution if any			Transaction Code (Instr.				on Dat Day/Ye		Amount of Securities		Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)					8)			Securities Acquired		Underlying Derivative Seci				(Instr. 5)	Beneficially Owned		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
	Security						(A)	(A) or		(Instr. 3 and 4)					Following	·		(111511. 4)	
						Disposed of (D)								Reported Transaction(s)					
								(Instr. 3, 4 and 5)							(Instr. 4)				
				+				Amoun		1									
													or Number						
					Code	l,	(A)	(D)	Date Exercisa		Expiration Date	Title	of Shares						
0. 1					Joue	Ľ	1(~)	(5)	-AUI CISC	1016	Date	11116	Gildles			_		_	
Stock Option	\$1.91	12/16/2024			M			2,331	(1)		03/16/2028	Common	2,331	\$0	180,03	,	D		
(Right to Buy)	φ1.91	12/10/2024			IVI			2,331	(1)		03/10/2028	Stock	2,331	Φ0	100,03	7	D		

Explanation of Responses:

1. 1/48th of the shares subject to the option vested on April 16, 2018, and 1/48th of the shares subject to the option vest monthly thereafter, subject to the Reporting Person's continued employment with the Issuer on each such vesting date.

Marc Wilson, as attorney-in-

12/18/2024

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.