FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

Instruc	tion 1(b).			File	ed pur	suant	to Section	16(a	a) of the	Securi	ties Exchan	ge Act of	1934			liouis	per res	sponse.	0.5	
1. Name and Address of Reporting Person*				2. 1	or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  Crinetics Pharmaceuticals, Inc. [ CRNX ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Betz St	ephen F.				$ \underline{C} $	rinei	tics Pha	<u>arm</u>	<u>aceuti</u>	cals,	<u>Inc.</u> [ C	RNX J		(Cried	Directo	,		10% Ow	/ner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024						X	below)	(give title	Other (spo below)		pecify	cify		
C/O CRI	NETICS P	HARMACEUTI	CALS, IN	C.											<u> </u>	mei Sciei	nume	Officer		
6055 LUSK BOULEVARD			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)									
(Street)														X		•		orting Persor		
SAN DII	EGO C	A	92121											Form fi Person		e thar	n One Repor	ne Reporting		
(City)	(S	tate)	(Zip)		R	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.														
		Tab	ole I - Nor	n-Deriv	ativ	e Se	curities	s Ac	quirec	l, Dis	sposed o	f, or B	enef	icially	Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				Execut lay/Year) if any		. Deemed ecution Date, iny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A) o l Of (D) (Instr. 3, 4 a				es ally following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount	(A) (D)	or P	Price	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)	
Common Stock 03/04				1/2024						23,00	23,000 A \$		<b>50.00</b> <sup>(1)</sup>	96,298			D			
		-	Table II -								osed of,				Owned					
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)		5. Number n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	of Indirect Beneficial Ownership
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	or Nu of	mber ares						
Stock Option (right to	\$43.51	03/04/2024			A		87,000		(2)		03/03/2034	Common	n 87	7,000	\$0.00	87,000	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 25% vesting annually beginning on March 15, 2025.
- 2. The stock option shall vest and become exercisable in a series of forty-eight (48) successive equal monthly installments measured from the vesting commencement date of March 4, 2024.

## Remarks:

/s/ Marc Wilson, as attorney-in-03/06/2024 fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.