Instruction 1(b)

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

| STATEMENT OF CHANG | ES IN BENEFICIAL | OWNERSHIP |
|--------------------|------------------|-----------|
| | | |

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235- | | | | | | | |
| 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* Nichols Weston | | | | | 2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [CRNX] | | | | | | (Ch | telationship of the contract o | cable) | Person(s) to Iss | |
|--|---|------------------------------------|---------------------------------|--|--|---|----------------------------|---|--------------------|---|--|--|--|---|---------|
| l | NETICS P | irst) HARMACEUTI ANYON ROAD, | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2022 | | | | | | | Officer below) | (give title | Other (below) | specify |
| (Street) SAN DII | | | 92121 | | 4. If Ar | nendment, | Date | of Original Fil | ed (Month/Da | ay/Year) | Line | e) <mark>X</mark> Form f | iled by One R iled by More t | iling (Check Ap Reporting Perso Than One Repo | n |
| (City) | (S | | (Zip) | .Derivat | ive S | ecurities | s Ar | ouired D | isnosed (| of or Be | neficial | v Owned | <u> </u> | | |
| 1. Title of Security (Instr. 3) 2. Transparent (Mon | | | 2. Transac Date (Month/Da | ction 2A. Deemed Execution Date, | | 3. Transacti Code (Ins 8) | 4. Securi Dispose 5) | ities Acquired (A) or (D) (Instr. 3, 4 and (A) or (D) (Price) | | 5. Amou Securitie Beneficia Owned F Reported Transact (Instr. 3 a | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | s, options | • | , | • | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) Execution Date, if any | | Co | saction de (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date of Se (Month/Day/Year) Unde Deriv | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Cod | de V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$18.29 | 06/17/2022 | | А | | 17,500 | | (1) | 06/16/2032 | Common Stock | 17,500 | \$0.00 | 17,500 | D | |

Explanation of Responses:

1. The entire number of shares subject to this option become fully vested and exercisable on the first to occur of (a) 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.

Remarks:

/s/ Marc Wilson, as attorney-in-

** Signature of Reporting Person

fact

<u>06/21/2022</u>

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.