FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

		2. Transaction Date (Month/Day/Year)	Execution Date,		iction Instr.	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
(City)	(State)	(Zip)										
(Street) SAN DIEGO	CA	92121							X	•	e Reporting Persore than One Rep	
10222 BARNES CANYON RD, BLDG 2			4. If An	4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
		(Middle) EUTICALS, IN	06/17	3. Date of Earliest Transaction (Month/Day/Year) 06/17/2022						Officer (give title below)	Other below	(specify )
1. Name and Address of Reporting Person*  Okey Stephanie				2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [ CRNX ]					ationship of Reporti k all applicable) Director	10% (	Owner	
obligations may Instruction 1(b)				nt to Section 16(a) oction 30(h) of the Inv					34	hours	s per response:	0.5

## (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and Amount 8. Price of 9. Number of 11. Nature Derivative Security (Instr. 3) Conversion or Exercise Date (Month/Day/Year) Transaction Code (Instr. Expiration Date (Month/Day/Year) of Securities Underlying derivative Securities Ownership Form: of Indirect Beneficial Execution Date, Derivative if any (Month/Day/Year) Security (Instr. 5) Price of Derivative Security Securities Acquired (A) or Disposed Beneficially Owned Following 8) Derivative Security (Instr. 3 and 4) Direct (D) Ownership or Indirect (I) (Instr. 4) (Instr. 4) Reported Transaction(s) of (D) (Instr. 3, 4 and 5) (Instr. 4) Amount or Number Date Expiration Date Shares Code (A) (D) Exercisable Title Stock Option Common \$18.29 06/17/2022 17,500 (1) 06/16/2032 17,500 \$0.00 17,500 D A (right to Stock buy)

## 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-

fact

\*\* Signature of Reporting Person Date

06/21/2022

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.