FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* <u>Pizzuti Dana</u>					2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [CRNX]										ationship of Reportin (all applicable) Director		10% O		wner	
(Last)	NETICS	(Firs	,	Middle)	SINC	3. Date of Earliest Transaction (Month/Day/Year) 04/03/2023								X	Officer (give title below) Chief Develor		Other (s below) pment Officer		вреспу	
C/O CRINETICS PHARMACEUTICALS, INC. 10222 BARNES CANYON ROAD, BLDG 2					4. If Amendment, Date of Original Filed (Month/Day/Year)									ine)	-/					
(Street) SAN DIEGO CA 92121														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)		(Sta	te) (2	Zip)		Rul	e 10)b5-	1(c)	Tra	ารลด	action Indication								
					X	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.														
			Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quirec	d, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day			Execution D		tion Da	Date, Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			4 and 5) Sec Ber Ow		ecurities I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) or (D)	Price		Transa	ansaction(s) str. 3 and 4)			(111511. 4)	
Common Stock				04/03/20	/2023				F		4,288	D	\$15.	15.98(1)		12,712		D		
Common Stock 04/			04/05/20	.023				S		8,212	D	\$16.	15(2)	4,500		D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversi or Exerci Price of Derivativ Security	xercise (Month/Day/Year) if any e of vative (Month/Day/Year)		ition Date,		nsaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nt		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Represents the number of shares of common stock withheld by the Issuer to cover the reporting person's tax withholding obligation upon the vesting of Restricted Stock Units granted on September 30, 2022. The disposition reported in this Form 4 was effected by a broker pursuant to instructions set forth in a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. The common stock was sold by the reporting person in open market transactions on the transaction date, with a volume weighted average sales price of \$16.15 per share. The range of sales prices on the transaction date was \$15.82 to \$16.40 per share. Detailed information on the exact number of shares can be obtained from the issuer upon request.

Remarks:

/s/ Marc Wilson, as attorney-

04/05/2023

in-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.