FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
vasilligton,	D.O.	20070

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	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).

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

1. Name and Address of Reporting Person* Struthers Richard Scott					2. Issuer Name and Ticker or Trading Symbol Crinetics Pharmaceuticals, Inc. [ CRNX ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) (First) (Middle) C/O CRINETICS PHARMACEUTICALS, INC. 6055 LUSK BOULEVARD			04	3. Date of Earliest Transaction (Month/Day/Year) 04/15/2024									X Officer (give title Other (specify below)  President & CEO						
(Street)			92121		-   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)		R	Chec	k this	box to indi	cate that a	Transaction Indication  te that a transaction was made pursuant to a contract, instruction or written plan that is intended to fense conditions of Rule 10b5-1(c). See Instruction 10.									
		Tab	le I - Nor	n-Deri	vativ	e Se	curit	ies Ac	quired,	Disp	osed o	of, or	r Bene	eficial	y Owned				
1. Title of Security (Instr. 3)		2. Tran Date	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. S Transaction Dis Code (Instr. 5)		4. Securi	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4		(A) or	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership			
									Code	v	Amount (A) or Pr		Price	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common	Stock			04/1	5/202	24			М		20,00	00	A	\$1.9	1 257	,835	D		
Common	Stock														570	,805	I	By Family Trust 1	
Common	Stock														110	),000	I	By Family Trust 2	
Common Stock												110,000		I	By Family Trust 3				
Common Stock													110,000		I	By Family Trust 4			
Common Stock													1,000		I	By Spouse			
		-	Table II -	Deriva	ative	Secu	uritie s. wa	es Acq	uired, D	ispo	sed of,	or I	Benef securi	icially	Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  (Instr. 3)  3. Transaction Date (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)		d Date,	4. Transa	4. Transaction Code (Instr. 3)		5. Number 6.		6. Date Exercisable at Expiration Date (Month/Day/Year)		vertible securitie  and  7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		Amount s ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Owners Form: Direct ( or Indir	Beneficial Ownership ect (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	N C	Amount or lumber of Shares					
Stock Option (Right to Buy)	\$1.91	04/15/2024			M			20,000	(1)	03	3/16/2028		nmon ock	20,000	\$0	81,27	0 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-

04/17/2024

fact

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).