FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549

STATEMENT (OF CHANGES IN	I BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
Estimated average burden							
hours nor reenense:	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

Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Oric Pharmaceuticals, Inc. [ORIC]						Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Chacke) Jacob			-	<u> </u>	Harma	ccui	ileais, ille	<u>.</u> [ORIC	J	7	Director	r	10% O	vner	
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)						Officer below)	(give title	Other (below)	specify		
C/O ORIC PHARMACEUTICALS, INC.					01/02/2024						President and CEO					
240 E. G	RAND AV	E., 2ND FLOOR	l.	4.	. If Ame	endment, [Date o	of Original File	ed (Month/Da	ay/Year)	6. In Line		oint/Group Fi	iling (Check Ap	olicable	
(Street) SOUTH FRANCE		A	94080								2		led by More t	Reporting Perso than One Repo		
(City)	(S	State)	(Zip)	F [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.							to satisfy				
		Та	ble I - Non-I	Derivati	ve Se	curities	s Ac	quired, D	isposed (of, or Be	neficially	Owned				
Date			. Transaction ate Month/Day/	Execution Date,		Code (Instr.		ed (A) or str. 3, 4 and 5	Beneficia Owned F	Form: (D) or	. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
								Code V	Amount	(A) o	r Price	Reported Transacti (Instr. 3 a	on(s)		(Instr. 4)	
			Table II - De					uired, Dis , options,				Owned	,		'	
1. Title of Derivative Security (Instr. 3) 1. Title of Conversion or Exercise (Instr. 3) 2. Conversion of Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)		Code	ransaction Derivative Code (Instr. Securities		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)					
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction (Instr. 4)	i(S)		
Stock Option (right to buy)	\$9.14	01/02/2024		A		510,000		(1)	01/01/2034	Common Stock	510,000	\$0.00	510,000	D		
Restricted Stock Unit	(2)	01/02/2024		A		85,000		(3)	(3)	Common Stock	85,000	\$0.00	85,000	D		

Explanation of Responses:

- 1. 25% of the shares subject to the option shall vest on January 2, 2025, and 1/36th of the remaining shares subject to the option shall vest each month thereafter.
- 2. Each restricted stock unit ("RSU") represents a contingent right to receive one share of ORIC Pharmaceuticals, Inc. Common Stock.
- 3. 1/3 of the RSUs subject to the award shall vest on each of December 15, 2024, December 15, 2025 and December 15, 2026.

Remarks:

/s/ Christian Kuhlen, attorneyin-fact

01/03/2024

** Signature of Reporting Person

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.