FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	01 56	:Cilori 30(II) 01	the investment Company i	AUI U	1 1540					
1. Name and Address of Reporting Person* COLUMN GROUP II, LP		of Event g Statement Day/Year) 1020	3. Issuer Name and Ticker or Trading Symbol Oric Pharmaceuticals, Inc. [ORIC]							
(Last) (First) (Middle) 1700 OWENS STREET			Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 500			Director Officer (give title below)	Λ	Other (: below)			eck Applicable	nt/Group Filing Line) by One Reporting	
(Street) SAN FRANCISCO CA 94158							X	Person Form filed b Reporting F	by More than One Person	
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Inst 4)	tr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stock		75,000		$\mathbf{D}_{(i)}$	D ⁽¹⁾					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exerc Expiration Day/\ (Month/Day/\)	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of		5. Ownership Form:	6. Nature of Indirect Beneficial		
	Date Exercisable	Expiration Date	Title	Nu	ount or mber of ares	Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	Ownership (Instr. 5)	
Series A Preferred Stock	(2)	(2)	Common Stock	3,5	500,000	(2))	D ⁽¹⁾		
Series B Preferred Stock	(2)	(2)	Common Stock	62	25,000	(2))	D ⁽¹⁾		
Series C Preferred Stock	(2)	(2)	Common Stock	41	16,666	(2))	D ⁽¹⁾		
Series D Preferred Stock	(2)	(2)	Common Stock	15	51,515	(2))	D ⁽¹⁾		
1. Name and Address of Reporting Person										

1. Name and Address of Reporting Person* COLUMN GROUP II, LP							
(Last) 1700 OWENS S SUITE 500	(First) STREET	(Middle)					
(Street) SAN FRANCISCO	CA	94158					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* <u>Column Group II GP, LP</u>							
(Last) (First) (Middle) 1700 OWENS STREET SUITE 500							

(Street) SAN FRANCISCO	CA	94158					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* GOEDDEL DAVID V							
(Last) 1700 OWENS S SUITE 500	(First) STREET	(Middle)					
(Street) SAN FRANCISCO	CA	94158					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. The securities are directly held by The Column Group II, LP ("TCG II LP"), and indirectly held by The Column Group II GP, LP ("TCG II GP"), the general partner of TCG II LP. The managing partners of TCG II GP may be deemed to have voting and investment power with respect to such shares. TCG II GP and each individual managing partner disclaims beneficial ownership of these shares, except to the extent of their respective pecuniary interest in cruch shares.
- 2. The number of shares of Common Stock reflects a 1-for-4 reverse stock split of the Issuer's Common Stock and Preferred Stock which became effective April 21, 2020. Each of the Series A Preferred Stock, Series B Preferred Stock, Series C Preferred Stock and Series D Preferred Stock shall automatically convert into shares of Common Stock on a one-to-one basis immediately prior to the completion of the Issuer's initial public offering of Common Stock, for no additional consideration, and has no expiration date.

Remarks:

/s/ Jennifer J. Carlson,
Attorney-in-Fact

** Signature of Reporting
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 5 (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.