Check

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	D.C. 20549
---------------	------------

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

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

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* SCHELLER RICHARD H						2. Issuer Name and Ticker or Trading Symbol Oric Pharmaceuticals, Inc. [ORIC]									tionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issu 10% Owne Other (spe		wner
(Last) (First) (Middle) C/O ORIC PHARMACEUTICALS, INC. 240 E. GRAND AVE., 2ND FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 05/20/2021										below)		below)		эреспу
FRANCI	SOUTH SAN CA 94080 FRANCISCO				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(30		Zip) 	Non-Deriva	tive	Secui	rities	Aca	uire	ed. D	isposed	of. or	Benef	icially	Own	ed			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Ye	n 2A. Deer Execution (ear) if any		med 3		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 au			5. Amo Securi Benefi	ount of 6. ities Foicially (D		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							C	ode	v	Amount	(A) or (D)	Price		Transa	action(s) 3 and 4)	(5	4,	(1130.14)	
Common Stock				05/20/2021				S	S ⁽¹⁾		659	D	\$25.0	805(2)	4	40,423		D	
Common Stock				05/21/2021				S	5 ⁽¹⁾		1,231	D	\$25.1	.895 ⁽³⁾	39,192			D	
Common Stock				05/24/202	1				5 ⁽¹⁾		100	D	\$	\$25		39,092		D	
		Tal	ble	II - Derivati (e.g., ρι							sposed of , convert				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if a	Deemed cution Date, ny nnth/Day/Year)		saction (Instr.						Amo Secu Und Deri Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of ivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V	(A) ((D)	Date Exe	e rcisab	Expiratio	n Title	Amou or Numb of Share	er					

Explanation of Responses:

- $1. \ The \ sales \ reported \ were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ Reporting \ Person.$
- 2. Represents the weighted average share price of an aggregate total of 659 shares sold in the price range of \$25.00 to \$25.15 by the Reporting Person. The Reporting Person undertakes to provide upon request by the Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. Represents the weighted average share price of an aggregate total of 1,231 shares sold in the price range of \$25.00 to \$25.35 by the Reporting Person. The Reporting Person undertakes to provide upon request by the Commission staff, the issuer or a security holder of the issuer, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Christian Kuhlen, attorney-

05/24/2021

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.