FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

ONB APPROVAL									
OMB Number:	3235-0287								
Estimated average burd	en								
hours per response:	0.5								

OMB ADDDOMAL

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

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1. Name ar Chacko		Reporting Person*						and Tic maceu				oRIC ]	]		(Ch	elationship eck all applic	cable)	g Pers	` '	
CHUCKO	<u>Jacoo</u>															X Directo	or		10% Ov	vner
(Last) (First) (Middle)														-  :		Officer (give title below)		Other (specify below)		
C/O ORIC PHARMACEUTICALS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2022									President and CEO							
240 E. GRAND AVE., 2ND FLOOR																				
				-   -	If Amendment, Date of Original Filed (Month/Day/Year)     6. Individual or Joint/Group Filing (Check Applicable)										olioablo					
(Street)	CAN				4. '	AIIIC	Hullie	III, Dale	or Origin	iai Fiit	eu (	ivioriti/Da	iy/ i ea	')	Line	<del>!</del> )		Ū		
SOUTH FRANCI		A	94080														•		rting Perso	- 1
					-												Form filed by More than One Reporting Person			
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	n-Deriv	vativ	e Se	curit	ies Ac	quire	d, Di	isp	osed o	f, or	Ben	eficial	ly Owned	i			
1. Title of Security (Instr. 3)  2. Trans Date (Month/				2A. Deemed Execution Date, if any (Month/Day/Year)			Cod	Transaction Disposed Of (D) (Instr. 3, 4				4 and Securities Beneficially Owned Follo		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Cod	e V		Amount	(	A) or D)	Price	Reporte Transac (Instr. 3	tion(s)	s) 4)		(Instr. 4)
Common Stock 12/1:				12/15	5/202	/2022		M			16,666		A	\$0.00	(1) 822	,789(2)		D		
Common Stock 12			12/15	5/202	5/2022			S <sup>(3</sup>	s <sup>(3)</sup> 5,76		5,764	4 D \$3		\$3.2	817,025			D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				(e.g., p	outs,	calls	s, wa	arrants	, opti	ons,	C	onvertil	ble s	ecur	ities)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		n of		Expira	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		s Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	i i illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title		Amount or Number of Shares					
Restricted Stock Unit	(1)	12/15/2022			M			16,666	(4	)		(4)	Com		16,666	\$0.00	33,33	4	D	

## **Explanation of Responses:**

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of ORIC Pharmaceuticals, Inc. (the "Issuer") Common Stock
- 2. Includes an aggregate of 3,471 shares of Common Stock acquired under the Issuer's 2020 Employee Stock Purchase Plan.
- 3. Represents the number of shares sold to cover the tax withholding obligations in connection with the vesting of RSUs and does not represent a discretionary sale by the Reporting Person.
- 4. 1/3 of the RSUs subject to the award shall vest on each of December 15, 2022, December 15, 2023 and December 15, 2024.

## Remarks:

/s/ Christian Kuhlen, attorney-

12/16/2022

in-fact

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.