FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549

<b>STATEMENT</b>	OF CHANGES	S 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

Name and Address of Reporting Person* <u>Piscitelli Dominic</u>			2. Issuer Name <b>and</b> Ticker or Trading Symbol Oric Pharmaceuticals, Inc. [ORIC]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify							
(Last)	,	irst) ACEUTICALS,	(Middle) INC.		3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024							below)	(specify			
240 E. GRAND AVE., 2ND FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SOUTH FRANCI	· · · · · · · · · · · · · · · · · · ·	A	94080							2	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)		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.											
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			5. Amoun Securities Beneficia Owned Fo Reported	Form: (D) or ollowing (I) (Ins	6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
							Code	, ,	Amount	(A) o (D)	Price	Transacti	Transaction(s) (Instr. 3 and 4)		(IIISti. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date, Tra			nsaction Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  5. Number of Derivative Securities (Month/Day/Year)  6. Date Exercisable and Expiration Date (Month/Day/Year)  6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and of Securities (Month/Day/Year)  7. Title and of Securities (Instr. 3 ard)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)					
				Co	de V	(A)		Date Exercisable	Exp Date	oiration te	Title	Amount or Number of Shares	nt (Instr. 4) er		1(3)	
Stock Option (right to buy)	\$9.14	01/02/2024		A	\	180,000		(1)	01/0	01/2034	Common Stock	180,000	\$0.00	180,000	D	
Restricted Stock Unit	(2)	01/02/2024		I	\	30,000		(3)		(3)	Common Stock	30,000	\$0.00	30,000	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, attorney-

01/03/2024

\*\* 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.