FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response	9: 0.5								

	Check this box if no longer subject
٦	to Section 16. Form 4 or Form 5
J	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Chacko Jacob					2. Issuer Name and Ticker or Trading Symbol Oric Pharmaceuticals, Inc. [ORIC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	(Fii	st) (N	3. Date of Earliest Transaction (Month/Day/Year) 06/26/2023									X	Office	,	Other (specify below)		specify		
240 E. GRAND AVE., 2ND FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SOUTH SAN FRANCISCO CA 94080													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (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 - No	on-Derivat	tive Se	ecur	ities	Acc	quire	d, Di	sposed o	f, or E	3enefic	ially	Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution ear) if any		on Date,					s Acquired (A) of (D) (Instr. 3, 4		d 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							(Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				
Common Stock 06/26/202					23				S ⁽¹⁾		20,000	D	\$8.028	81 ⁽²⁾ 800,652 ⁽³⁾		0,652(3)	2 ⁽³⁾ D		
		Tab	le II ·	- Derivativ (e.g., put							posed of, convertib			•	Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exect if any	Deemed ution Date, y uth/Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Expira (Mont	te Exer ation I th/Day		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The sales reported were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on December 28, 2022.
- 2. Represents the weighted average share price of an aggregate total of 20,000 shares sold in the price range of \$8.00 to \$8.07 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. Includes 4,000 shares of Common Stock acquired under the Issuer's 2020 Employee Stock Purchase Plan.

Remarks:

<u>/s/ Christian Kuhlen, attorney-</u> <u>06/28/2023</u> <u>in-fact</u>

** 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.