#### FORM 4

#### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	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 OMB Number: 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

Name and Address of Reporting Person*  HALE DAVID F						2. Issuer Name <b>and</b> Ticker or Trading Symbol GTX INC /DE/ [ ONCT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) C/O ONCTERNAL THERAPEUTICS, INC. 12230 EL CAMINO REAL, SUITE 300					Date of /07/20		t Trans	action (N	Month	n/Day/Year)		X		Director Officer (give title below)		10% Owne Other (spec		,			
				4. I	f Amei	ndment,	Date o	of Origina	al File	d (Month/D		6. Individual or Joint/Group Filing (Check Applicable									
(Street)	EGO C.	A	92130												Line)  X Form filed by One Reporting Person  Form filed by More than One Report  Person						
(City)	(S	tate)	(Zip)																		
		Tab	le I - No	on-Deriv	/ative	Sec	curitie	s Ac	quired	, Dis	sposed o	of, or B	enefici	ally	Owned	l					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)  4. Securit Disposed 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 a		5. Amount Securities Beneficial Owned Fo		у	Form: I (D) or I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) oi (D)	Price	- [-	Transactio (Instr. 3 an				(11150: 4)			
Common Stock 06/07/			2019				A		699,400	6 A	(1)		699,4	106	I		By Hale BioPharma Ventures, LLC.				
Common Stock 06/07			06/07/	2019	019			A		18,346	6 A	(1)		18,346		I		By Hale Trading Company.			
		7	able II								osed of converti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	on Date,	4. Transa Code ( 8)		tion of		6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S (I	. Price of perivative security nstr. 5)	9. Number derivative Securities Benefic Owned Following Reporter Transactures (Instr. 4)	ve ies ially ng ed ction(s)	10. Owners Form: Direct (I or Indire (I) (Instr	nip of In Bend O) Own ct (Inst	Nature ndirect eficial nership tr. 4)	
				Cor	Code	v	(A)		Date Exercisa		Expiration Date	Title	Amoun or Numbe of Shares	ber							
Warrants	\$6.13	06/07/2019			A	3,292		(2)		09/12/2022 Commo		3,292	$\frac{1}{2}$	(1)	3,292		I	By H BioP Vent	Pharma		

## **Explanation of Responses:**

1. Pursuant to the Agreement and Plan of Merger dated as of April 30, 2019 (the "Merger Agreement"), by and among Oncternal Therapeutics, Inc. ("Old Oncternal"), GTx, Inc. ("GTx") and certain of their subsidiaries, on June 7, 2019 (the "Effective Time"), GTx was merged with and into Old Oncternal, with GTx surviving as the continuing entity. At the Effective Time, each share of Old Oncternal common stock issued and outstanding immediately prior to such time was converted into the right to receive 0.073386 shares of the Issuer's common stock. On the trading day immediately prior to the effective time, the closing price of the Issuer's common stock was \$1.20 per share.

2. The warrants are currently exercisable.

# Remarks:

/s/ Hazel M. Aker, Attorney-in-06/11/2019

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.