FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP schange Act of 1934 y Act of 1940

OMB APPROVAL							
OMB Number: 3235-0287							
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Check this box if no longer subject Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		pursuant to Section 16(a) of the Securities Ex or Section 30(h) of the Investment Company
4 Name and Address of Barantina	*	2 Issuer Name and Ticker or Trading Symbo

1. Name and Address of Reporting Person* BREITMEYER JAMES B				2. Issuer Name and Ticker or Trading Symbol Oncternal Therapeutics, Inc. [ONCT]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
											X Directo	or		10% Ow	ner			
(Last)	•	,	(Middle)			Date o		Trans	saction (Mor	nth/D	ay/Year)			helow)		ıtiva (Other (specifical)	pecify
12230 EL CAMINO REAL, SUITE 230				Chief Executive Officer														
(Street)				- 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
SAN DII	EGO C	A	92130											X Form f	iled by One I	Repor	ting 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				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Beneficia Owned F	es Form ally (D) o Following (I) (Ir		Direct C Indirect E tr. 4)	7. Nature of Indirect Beneficial Ownership					
					Code V Amount (A) or (D)			Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
						Can	1											
Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year)			ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)			ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	y [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option	\$9.18	02/14/2024			A		28,400		(1)	02	2/14/2034	Common Stock	28,400	\$0.00	28,400		D	
Stock Option	\$9.18	02/14/2024			A		6,200		(1)	02	2/14/2034	Common Stock	6,200	\$0.00	6,200		I	By Spouse

Explanation of Responses:

1. 25% of the shares subject to the stock option vest on first anniversary of the date of grant, and the remaining shares subject to the option vest in 36 equal monthly installments, subject to the recipient's continued employment or service with the Issuer on each such date

Remarks:

/s/Chase C. Leavitt, Attorneyin-fact ** Signature of Reporting Person

02/15/2024

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.