FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL										
OMB Number:	3235-028									
Estimated average burden										

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							( ) -				' '									
1. Name and Address of Reporting Person* BREITMEYER JAMES B						2. Issuer Name <b>and</b> Ticker or Trading Symbol Oncternal Therapeutics, Inc. [ ONCT ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DICETT	IVIL I LIX	JAMES D												C Direct	tor		10% Ov	vner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023									X Officer (give title below)  Chief Exe			Other (s	specify	
12230 E	L CAMINO	REAL, SUITI	E 230													iller Exec	uuve	Officer		
,	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable									
(Street)														- 1	Line)					
SAN DIEGO CA 92130															X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(St	ate) (	7in)										Person							
(City) (State) (Zip)						le 10	)b5-	1(c)	Tran	sac	tion Ind	licat	ion							
											saction was n					truction or wr	itten pl	an that is into	ended to	
	∐ s	satisfy t	he affir	mative	defense o	conditi	ions of Rule 1	L0b5-1	(c). S	ee Instru	ction 10.									
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	f, or	Ber	eficia	lly Owi	ned				
Date				e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (D	) or ))	Price	Repor Transa			1. 4)	(IIISU. <i>4)</i>		
Common Stock 07/03/2						023			F		47,992(1	1)	D	\$0.3	6 49	493,989		D		
Common Stock 07/0				07/03/2	2023				F		4,007(1)	,	D	\$0.3	5 1	9,911			By Spouse	
Common Stock															19	06,544		I 1	By Family Trust	
Common Stock																733			By Child	
		Tal	ble II -	Derivati											y Owne	ed	•	<u> </u>		
				(e.g., pu	ts, ca	ılls, v	varra	ınts,	optior	ıs, c	convertib	le s	ecu	rities)					-	
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Executity or Exercise (Month/Day/Year) if an			eemed ution Date, :h/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/\)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		f [	. Price of Perivative Pecurity Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y   1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)			Expiration Date	Amount or Number of Shares									

## **Explanation of Responses:**

1. Shares withheld by the Issuer to satisfy statutory tax withholding requirements on vesting of restricted stock units.

## Remarks:

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

07/05/2023

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

entification. Report off a separate life for each class of securities beneficially owned directly of 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.