FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington

| C. 20549 | |
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| , D.C. 20549 | OMB APPROVAL |
| | |

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours por rosponso: | 0.1 | | | | | | | |

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

| Name and Address of Reporting Person* BILINSKY IGOR | | | | | 2. Issuer Name and Ticker or Trading Symbol Oncternal Therapeutics, Inc. [ONCT] | | | | | | | | ck all application | able) | son(s) to Issuer 10% Owner Other (specify | |
|--|--|--|---|---|---|------------|--------------|--|--|---|-----------------|---|--|--|--|--|
| (Last) (First) (Middle) 12230 EL CAMINO REAL, SUITE 300 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/11/2021 | | | | | | | 7 | below) | give title | below) | Decily | |
| (Street) SAN DII | | A tate) | 92130 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. In Line | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | 2A. Deemed Execution Date if any (Month/Day/Ye | | Date, | Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficia Owned Fo | s Form (D) o ollowing (I) (In | : Direct Ir r Indirect B str. 4) O | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | |
| | | | | | | | Code | v | Amount | Amount (A) or (D) | | Transacti (Instr. 3 a | on(s) | | msu. 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (Instr. | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | |
| Stock Option | \$7.05 | 02/11/2021 | | A | | 130,000 | | (1) | 0 | 2/11/2031 | Common Stock | 130,000 | \$0.00 | 130,000 | D | |

Explanation of Responses:

1. One-fourth (1/4th) of the shares subject to the stock options shall vest on first anniversary of the date of grant, and the remaining shares subject to the option shall vest in thirty-six (36) equal monthly installments over the three-year period thereafter, subject to the Reporting Person's continued employment or service with the Issuer on each such date.

Remarks:

/s/ Richard G. Vincent, 02/16/2021 Attorney-in-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.