Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* THEUER CHARLES | | | | | 2. Issuer Name and Ticker or Trading Symbol Oncternal Therapeutics, Inc. [ONCT] | | | | | | | Relationship neck all appli X Direct | cable) | g Pers | son(s) to Issi 10% Ow | | |
|---|--------|----------------------|-----------------------------------|--|---|--------|---|--|---|----------------------------------|---|---|----------------------------|--|---|--------|--|
| (Last) 12230 EI | ` | irst) REAL, SUITE | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020 | | | | | | | | Officer (give title below) | | | pecify | |
| (Street) SAN DIEGO CA 92130 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefi | | | | | | Lir | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | 1 | | | | | | |
| Date | | | Transaction ate lonth/Day/Y | Execution Date, | | Code (| | 1 | | tr. 3, 4 an | Benefici Owned I Reporte | es ally Following d | Form (D) or | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Conversion Date Security Or Exercise (Month/Day/Year) if any | | | 4. Trans | 5. Number of Education of Derivative (| | | 6. Date Ex | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and of Securitie Underlying Derivative (Instr. 3 and | | d Amount ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | or Number of Shares | | | | | |
| Stock Options | \$2.94 | 06/11/2020 | | A | | | 15,000 | (1) | 0 | 06/10/2029 | Common Stock | 15,000 | \$0.00 | 15,000 |) | D | |

Explanation of Responses:

1. One-twelfth of the number of shares subject to the option vest and become exercisable in substantially equal installments on each monthly anniversary of the grant date, subject to the Reporting Person's continued service on the board of directors of the Issuer through such vesting date.

Remarks:

/s/Hazel M. Aker, Attorney-in-

fact

** Signature of Reporting Person

Date

06/12/2020

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.