FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

hington, D.C. 20549	hington,	D.C.	20549	
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OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours por rosponso	0.5									

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  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* <u>KISNER DANIEL L</u>				2. Issuer Name and Ticker or Trading Symbol Oncternal Therapeutics, Inc. [ ONCT ]						Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner							
(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/28/2023							Officer (give title below)			Other (s	pecify		
12230 EL CAMINO REAL, SUITE 230					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN DI	EGO C.	A	92130											iled by Mo		orting Perso n One Repo	
(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. Transar Date (Month/Da			Execution Date,		Code (Instr. 5)						Form: Direct (D) or Indirec		Ownership				
					Code V Am			Amount	(A) (D)	Price	Trancac	tion(s)			(Instr. 4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
		Fransactio Code (Insti	ction of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
I	I	I	I	- 1	- 1	1			1		I	Amount	.	I			1

## **Explanation of Responses:**

\$0.3553

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 through such vesting date

(D)

25,000

Date Exercisable

(1)

Expiration Date

06/28/2033

## Remarks:

Stock

Options

/s/Chase C. Leavitt, Attorney-06/30/2023 in-fact

or Number

25,000

\$0.00

25,000

D

Common

Stock

\*\* 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).

06/28/2023

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code ٧ (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.