FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: 3235-0287 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

| Name and Address of Reporting Person* Wills Robert James | | | | | 2. Issuer Name and Ticker or Trading Symbol Oncternal Therapeutics, Inc. [ONCT] | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|---|--|---|--------------|--|--|-----|--|---|--------------------|---|----------------|-----------------|---|--|-----|--|--|--|
| (Last) (First) (Middle) 12230 EL CAMINO REAL, SUITE 300 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020 | | | | | | | | X | | give title | | 10% Ow Other (s below) | | |
| (Street) SAN DIEGO CA 92130 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 06/12/2018 | | | | | | | | 6. Inc Line) | , | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Dis | | Disposed | urities Acquired (A) o sed Of (D) (Instr. 3, 4 | | | 5. Amoun Securities Beneficia Owned Fo Reported | Form Sollowing (I) (Ir | | Direct I Indirect I str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | v | Amount | (A) (D) | or I | Price | 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) | | | | | | | | | | | | | | | | | | | |
| 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/Yea | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | curity | 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 Exercisab | | Expiration Date | Title | or No of | umber | | (Instr. 4) | (5) | | | |
| Stock Option | \$2.94 | 06/11/2020 | | A | | 15,000 ⁽¹⁾ | | (2) | | 06/11/2030 | Commo | ⁿ 1 | 5,000 | \$0.00 | 15,000 | | D | | |

Explanation of Responses:

- 1. The original Form 4 reported the acquisition of the Stock Options in the "D" column of Column 5. This amendment is being filed to correctly report the acquisition of the Stock Options in the "A" column of
- 2. One-twelfth of the number of shares subject to the option vest and become exercisable in substantially equal installments on each monthly anniversary of 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-

<u>fact</u>

** Signature of Reporting Person

Date

07/31/2020

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.