FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPI	ROVAL						
OMB Number:	3235-0104						
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*  EcoR1 Capital Fund Qualified, L.P.  2. Date of Event Requiring Statem (Month/Day/Year) 10/26/2018				nent	3. Issuer Name and Ticker or Trading Symbol  Kura Oncology, Inc. [ KURA ]									
(Last) 409 ILLINOIS	(First) STREET	(Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director				5. If Amendment, Date of Original Filed (Month/Day/Year)					
(Street) SAN FRANCISCO (City)	CA (State)	94158 (Zip)				Officer (give title below)		Other (spe below)	cify		icable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson		
(Oity)	Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)				2	2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership		4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common Stock						4,060,285		D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conversion or Exercise Price of		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
			Date Exercisable	Expiratio Date	n Title			Amount or Number of Shares	Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)			

**Explanation of Responses:** 

EcoR1 Capital Fund Qualified,

L.P., by Oleg Nodelman,

Manager of EcoR1 Capital,

11/05/2018

LLC, General Partner

\*\* 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 5 (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.