FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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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*     WILSON TROY EDWARD		ARD R	. Date of Event lequiring Statem Month/Day/Year 3/06/2015	nent ]	3. Issuer Name and Ticker or Trading Symbol  Kura Oncology, Inc. [ KURA ]					
(Last) KURA ONCO 11119 N. TOF	(First) DLOGY, INC. RREY PINES R	(Middle)			4. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Own  X Officer (give title Other (spe		er			
125 (Street) LA JOLLA	CA	92037			A	President and C	below)		Applicable Line) $old X$ Form filed b	t/Group Filing (Check  y One Reporting Person  y More than One
(City)	(State)	(Zip)							. roporung .	
Table I - Non-Derivative Securities Beneficially Owned										
		Т	able I - Non	-Derivati	ve Se	curities Beneficiall	y Owned			
1. Title of Securi	ity (Instr. 4)	Т	able I - Non	2.	Amour	curities Beneficiall nt of Securities ally Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	:t (D)   (I	Nature of Indirect	Beneficial Ownership
1. Title of Securi	ity (Instr. 4)		Table II - D	2. Be	Amour eneficia Secu	nt of Securities	3. Ownersh Form: Direct or Indirect (Instr. 5)	et (D) (I (I)		Beneficial Ownership
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## **Explanation of Responses:**

## Remarks:

This report is being amended to remove an aggregate of 25,000 shares held by irrevocable trusts for which the Reporting Person does not have voting or dispositive power over the securities.

No securities are beneficially owned.

Annette North, Attorney-infact for Troy Wilson

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.