| SEC For  | rm 4  |  |   |                                       |  |   |  |                        |  |  |   |   |   |   |   |   |                                       |  |
|--|---|--|---|---------------------------------------|--|---|--|------------------------|--|--|---|---|---|---|---|---|---------------------------------------|--|
|  | FORM  | UNITED STATES SECURITIES AND EXCHANGE COMMISSION<br>Washington, D.C. 20549 |   |                                       |  |   |  |                        |  |  |   |   |   |   | OMB APPROVAL  |   |                                       |  |
| Section 16. Form 4 or Form 5<br>obligations may continue. See  |   |  |   |                                       | NT OF CHANGES IN BENEFICIAL OWNERSHIP<br>ad pursuant to Section 16(a) of the Securities Exchange Act of 1934<br>or Section 30(h) of the Investment Company Act of 1940   |   |  |                        |  |  |   |   |   |   | OMB Number:   3235-0287     Estimated average burden      hours per response:   0.5 |   |                                       |  |
| 1. Name and Address of Reporting Person <sup>*</sup><br>DALE STEPHEN   |   |  |   |                                       | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>Kura Oncology, Inc. [ KURA ]   |   |  |                        |  |  |   |   | elationship o<br>eck all applic<br>Director         | able)   | ,   |   | uer<br>vner                           |  |
| (Last) (First) (Middle)<br>C/O KURA ONCOLOGY, INC.   |   |  |   |                                       | 3. Date of Earliest Transaction (Month/Day/Year)<br>01/02/2024   |   |  |                        |  |  |   |   | X Officer (give title<br>below)<br>Chief Medical O  |   |   | Other (s<br>below)<br>Officer                                     | specify                               |  |
| 12730 HIGH BLUFF DRIVE, SUITE 400  |   |  |   |                                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)   |   |  |                        |  |  | Line  | Individual or Joint/Group Filing (Check Applicable<br>le)<br>X Form filed by One Reporting Person |   |   |   |   |                                       |  |
| (Street)<br>SAN DI   | (Street)<br>SAN DIEGO CA 92130  |  |   |                                       |  |   |  |                        |  |  |   |   | Form filed by More than One Reporting Person        |   |   |   |                                       |  |
| (City) (State) (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. |   |  |                        |  |  |   |   |   |   |   |   |                                       |  |
|  |   |  | ble I - Nor   |                                       |  |   |  | · · ·                  | Dis  |  | ,   |   | ,   |   | 1   |   |                                       |  |
| Dia 1997 Dia |   |  | Date  | Transaction<br>ate<br>lonth/Day/Year) |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Yea |  | Code (Instr.           |  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |   | 5. Amoun<br>Securities<br>Beneficia<br>Owned For<br>Reported                                      | s Form<br>lly (D)d                                  |   | Direct  | 7. Nature of<br>Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                       |  |
|  |   |  |   |                                       |  |   |  | Code                   | v  | Amount   | (A) c<br>(D)  | Price   | Transacti<br>(Instr. 3 a                            | n(s)<br>ıd 4)   |   |   | (inst. 4)                             |  |
|  |   |  | Table II -  |                                       |  |   |  | luired, D<br>s, option |  |  |   |   | Owned   |   |   |   |                                       |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year)                                 | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/ | Code                                  | Transaction<br>Code (Instr.  |   | 5. Number of<br>Derivative<br>Securities<br>Acquired (A)<br>or Disposed<br>of (D) (Instr.<br>3, 4 and 5) |                        | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Year |  | le and<br>of Securitie<br>Underlying<br>Derivative<br>(Instr. 3 and |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Numb<br>derivativ<br>Securitie<br>Beneficia<br>Owned<br>Followin<br>Reported<br>Transact | re<br>es<br>ally<br>g   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |   |  |   | Code                                  | e V  | (A)   | (D)  | Date<br>Exercisabl     |  | Expiration<br>Date   | Title   | Amount<br>or<br>Number<br>of Shares   |   | (Instr. 4)  |   |   |                                       |  |
| Option to<br>purchase  | \$15.36   | 01/02/2024   |   | А                                     |  | 185,000   |  | (1)                    |  | 01/01/2034   | Common  | 185,000   | \$0   | 185,0   | 000   | D   |                                       |  |

Explanation of Responses:

common stock

1. This option vests in 48 equal monthly installments commencing on the grant date.

Teresa Bair, Attorney-in-fact for 01/04/2024 Stephen Dale

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).

\*\* 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.