FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|---------------|------|-------|--|
| rvasiliigton, | D.C. | 20040 | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSH |
|-----------|------------|---------------|---------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| houre per reenonee. | 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* FORD KATHLEEN | | | | 2. Issuer Name and Ticker or Trading Symbol Kura Oncology, Inc. [KURA] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | | | |
|--|---|------------|------------------|--|------|---|---------|--------------------------|---|--|---|--|--|---|-------------------------|-------|-----------------------------|-------|
| (Last) | , | irst) | (Middle) | | | 3. Date of Earliest Transaction (N 01/02/2024 | | | | onth/ | ı/Day/Year) | | | below) | give title nief Oper | ating | below) | респу |
| C/O KURA ONCOLOGY, INC. 12730 HIGH BLUFF DRIVE, SUITE 400 | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) SAN DII | EGO C | A | 92130 | | | | | | | | | | | _ | ed by Mor | | orting Person One Report | ing |
| (City) | (S | tate) | (Zip) | | R | 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. | | | | | | | | o satisfy | | | | |
| | 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/Yea | | Code (Instr. | | | | Securities For Beneficially (D) | | Form | : Direct I r Indirect E str. 4) (| 7. Nature of ndirect Beneficial Ownership Instr. 4) | | | | |
| | | | | | | | Code | v | V Amount (A) or (D) | | Price | Transacti | ensaction(s) str. 3 and 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) | Derivative Conversion Date Execution Date, Tr. Security or Exercise (Month/Day/Year) if any Co | | ransa Code (I | 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 Ar of Securities Underlying Derivative Sec (Instr. 3 and 4 | | ties ig e Security | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | Transacti (Instr. 4) | on(s) | | |
| Option to purchase common stock | \$15.36 | 01/02/2024 | | | A | | 185,000 | | (1) | | 01/01/2034 | Common Stock | 185,000 | \$0 | 185,00 | 00 | D | |

Explanation of Responses:

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

Teresa Bair, Attorney-in-fact for 01/04/2024 Kathleen Ford

** 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.