FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See

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* Kovacs Shane William Charles | | | | | 2. Issuer Name and Ticker or Trading Symbol Olema Pharmaceuticals, Inc. [OLMA] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--------|------------|--|-----------------|--|--|----------|---|---------------|---|-----------------|---|-------------------------|---|---|--|--|---------------------------------------|--|
| (Last) (First) (Middle) C/O OLEMA PHARMACEUTICALS, INC. 780 BRANNAN STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2024 | | | | | | | | | Officer (give title below) Ch. Operating & Financial Off. | | | | | |
| (Street) SAN FRANCISCO CA 94103 (City) (State) (Zip) | | | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefic | | | | | | | | L | ine) | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, | | 3. Tr | 3. 4. Securi Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | or 5. Amou 4 and Securitie Benefici | | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Co | Code V | | Amount | (A) or (D) | | е | Transact (Instr. 3 | tion(s) | | (11311. 4) | |
| Common Stock 11/15 Table II - Derivat | | | | | | | uritie | es Acq | | M d, Dis | | 25,000 ed of, | | | '.02 Ily O | | 458(1) | D | |
| | | | | | | | | | | | | | ole sec | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea | | | 3A. Deemed Execution D if any (Month/Day/ | ution Date, Tra | | ransaction ode (Instr.) Securi Acquii (A) or Dispo- of (D) | | Derivative (Month/Day/Ye Securities Acquired | | ate | e of Securities | | ties ng e Securit | D | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Expi Date | iration | Title | Amount or Number of Shares | er | | | | |
| Stock Option (Right to | \$7.02 | 11/15/2024 | | | M | | | 25,000 | (| 2) | 01/3 | 31/2032 | Common Stock | 25,00 | 00 | \$0 | 162,000 | D | |

Explanation of Responses:

- $1.\ Includes\ 471\ shares\ acquired\ under\ the\ issuer's\ Employee\ Stock\ Purchase\ Plan\ on\ June\ 28, 2024.$
- 2. 25% of the shares subject to the option vested on February 1, 2023 and 1/48 of the total number of shares subject to the option vest each month thereafter, subject to the Reporting Person's continuous service through each applicable vesting date.

/s/ Shane Kovacs

11/17/2024

** 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.