FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasinigton,	D.C.	20040

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	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* <u>Larson Yi</u>				Ole	2. Issuer Name and Ticker or Trading Symbol     Olema Pharmaceuticals, Inc. [ OLMA ]      3. Date of Earliest Transaction (Month/Day/Year)						(Ch	eck all appli X Directo	or	10% Ov	/ner	
(Last)	(Fi	rst)	(Middle)		06/1			IIaii	action (Month/Day/ fear)				below)	(give title	Other (s below)	pecily
C/O OLEMA PHARMACEUTICALS, INC. 512 2ND STREET, 4TH FLOOR				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(Street) SAN	C. C.	A	94107			la í	I Oh E	1/2	\ T	ation los	dia a ti a m		Form f Persor	iled by More th	an One Repo	rting
FRANCISCO GIT 34107					_   Ru	Rule 10b5-1(c) Transaction Indication										
(City)	(Si	tate)	(Zip)			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.										
		Tab	le I - Nor	n-Deriv	ative	Sec	urities	A C	quired, Di	sposed (	of, or Be	neficial	ly Owned	t		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefici	es Forr ally (D) ( Following (I) (II	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	/ Amoun	(A) or (D) Price		Transaci (Instr. 3	tion(s)		(Instr. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)  3A. Deeme Execution if any (Month/Day	Date,	ate, Transaction Code (Instr.				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$7.84	06/16/2023			A		21,520		(1)	06/15/2033	Common Stock	21,520	\$0	21,520	D	

## **Explanation of Responses:**

1. The shares subject to the option vest in a series of 12 successive equal monthly installments measured from June 16, 2023, subject to the Reporting Person's continuous service through each applicable vesting date. Such shares vest in full on the date of the Issuer's next annual meeting of stockholders if such stock option is not otherwise fully vested by such date, subject to the Reporting Person's continuous service through such vesting date.

/s/ Shane Kovacs, Attorney-in-

Fact

\*\* Signature of Reporting Person Date

06/21/2023

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.