FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 20549	
Washington, D.O. 20040	

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
harrest man annual annual	0.5

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 Instruction 10.

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 ar		Reporting Person*			2. 1	ssuer	Name an	d Tick	er or Tradi	ng S	ymbol						g Pers	on(s) to Issi	uer	
	Corleen N				<u>C(</u>	<u>G O</u>	ncolog	<u>y, In</u>	<u>ic.</u> [CG0	ON]		(Check	k all applic Directo	,		10% Ow	ner	
(Last)	(Fi	irst)	(Middle)		3. [Date o	of Earliest	Trans	action (Mo	nth/E)av/Year)		-	1	Officer below)	(give title		Other (s below)	pecify	
(Last) (First) (Middle) C/O CG ONCOLOGY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 10/04/2024										C	FO				
400 SPE	CTRUM CI	ENTER DRIVE	SUITE 20)40		£ A			f Osisia al E	اد د ا:	/A 4 = = 4 lp /D =	()()		المساد	ا مد امالاند	-i-t/0	Filina	(Charle And	liaabla	
(Street)					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person						
IRVINE	C	A	92618											1	Form fi	led by Mor		rting Persor One Repor	- 1	
(City)	(S	tate)	(Zip)												Person					
		Tab	le I - Non	-Deriv	ative	e Se	curities	Ac	quired, [Disp	osed o	f, or Be	nefici	ally	Owned					
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date					Execution Date,			3. Transaction Disposed Of (D) (Instr. 3, 4 5) 8)				4 and Securitie Benefici		s ally ollowing	Form (D) or	Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	V	Amount	(A) or (D)	Pric	e e	Transact	nsaction(s) str. 3 and 4)			su. 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. Deemed Execution D if any (Month/Day/	Code (In			of Derivati Securiti Acquire (A) or Dispose of (D) (II	of Derivative Securities Acquired		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
Code V (A) (D) Date Expiration Date Title Amount or Number of Shares																				
Stock Option (Right to Buy)	\$36.63	10/04/2024			A		93,600		(1)	1	0/03/2034	Common Stock	93,60	00	\$0	93,600	0	D		

Explanation of Responses:

1. 1/48th of the shares subject to the option vest monthly following October 4, 2024, the vesting commencement date, subject to the Reporting Person's continuous service to the Issuer through each vesting date.

/s/ Joshua F. Patterson,

Attorney-in-Fact for Corleen

Roche

** Signature of Reporting Person Date

10/08/2024

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.