FORM 4

UNITED STATES

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

SECURITIES AND EXCHANGE COMMISSIO	N
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OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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

Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol CG Oncology, Inc. [CGON]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Kasturi Vijay</u>				-	<u> </u>	110105	J., 11	<u></u> [CGC	,,,				Directo	r		10% Ow	ner	
				— <u>L</u>										(give title		Other (specification)	pecify	
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)								below) below) Chief Medical Officer					
C/O CG ONCOLOGY, INC.				1	10/04/2024								Chief Medical Officer					
400 SPECTRUM CENTER DRIVE, SUITE 2040																		
400 SI LOTROW CLIVILLE DRIVE, SOITE 2040				4.	. If Ame	endment. [Date o	of Original F	iled (I	Month/Da	6.1	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						,		g	(.		., ,	Lin	e)		9	(
IRVINE	C	Δ	92618										Form fi	led by One	Repo	rting Person		
IKVIIAE	C.	21	<i>7</i> 2010												e than	One Report	ing	
(0:1.)	(0	1-1->	(7'-)										Person					
(City)	(S	tate)	(Zip)															
		Та	ble I - Non-D	erivati	ve Se	curities	s Ac	quired, I	Disp	osed o	of, or Be	neficial	y Owned					
Date				Transaction te lonth/Day/	Execution Date			Code (Instr.			ed (A) or str. 3, 4 and	Beneficia Owned F	s Form Illy (D) or ollowing (I) (In		: Direct I Indirect E	7. Nature of ndirect Beneficial Ownership		
								Code	v	Amount	nt (A) or P		Reported Transacti (Instr. 3 a	tion(s)		(Instr. 4)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																	
Derivative Conversion Date Security or Exercise (Month/Day/Year) if		3A. Deemed Execution Date, if any (Month/Day/Year	4. Transa Code (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 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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable		cpiration ate	Title	Amount or Number of Shares		(Instr. 4)	(-/			
Stock Option (Right to Buy)	\$36.63	10/04/2024		A		132,600		(1)	10)/03/2034	Common Stock	132,600	\$0	132,60	00	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 Vijay

Kasturi

** Signature of Reporting Person Date

10/07/2024

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.