FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| 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

| Name and Address of Reporting Person* Krishnamohan Neha | | | | | Issuer Name and Ticker or Trading Symbol Kinnate Biopharma Inc. [KNTE] Jate of Earliest Transaction (Month/Day/Year) | | | | | | | (Che | elationship o eck all applica Director Officer (below) | able) | g Pers | on(s) to Issu 10% Ov Other (s below) | /ner |
|---|---|--|---|-----------------|---|-----------|------|---|--------------------------|----------------|------------------------------------|---|---|--------------------------------------|--|---|------|
| (Last) (First) (Middle) 3611 VALLEY CENTRE DRIVE, SUITE 175 | | | | 0 | 06/07/2021 | | | | | | | Chief Financial Officer | | | | | |
| (Street) | EGO C | A | 92130 | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line |) <mark>K</mark> Form fil | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (S | state) | (Zip) | | Pelsuil | | | | | | | | | | | | |
| | | Та | ble I - Non-D | erivati | ve S | ecuritie | s Ac | quired, D | ispo | sed o | f, or Be | neficially | / Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | е | Execution Date, | | Code (Ins | str. | | | tr. 3, 4 and 5 | Beneficia Owned For Reported | s Forn Illy (D) o ollowing (I) (Ir | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code V Amount (A) or (D) | | | | | Price | Transacti (Instr. 3 a | | | | | | | | |
| | | | Table II - Dei (e.ç | | | | | uired, Dis , options | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | ansaction Derivative E | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | ies g Security | 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) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expi Date | oiration e | Title | Amount or Number of Shares | | (Instr. 4) | ion(s) | | |
| Employee Stock Option (right to buy) | \$23.26 | 06/07/2021 | | A | | 270,000 | | (1) | 06/0 | 07/2031 | Common Stock | 270,000 | \$0.00 | 270,00 | 00 | D | |

Explanation of Responses:

1. 1/4th of the shares underlying the Option shall vest and become exercisable one year from the date of grant (the "Vest Base Date"), and 1/36th of the remaining shares subject to the Option shall vest thereafter on the same day of the month as the Vest Base Date.

Remarks:

/s/ Mark A. Meltz, attorney-in-

06/08/2021

<u>fact</u>

** 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.