FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-028 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| | houre por roeponeo: | 0 | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* There are Nimes. | | | | | 2. Issuer Name and Ticker or Trading Symbol Kinnate Biopharma Inc. [KNTE] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|--|------------|-------|---------------------|---|--|------|--|--------|---|-----------------|---|--|------------|--|--|-----|--|
| <u>Farzan Nima</u> | | | | | | r | | | L | | | | X Director | | | 10% Ow | ner | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/12/2021 | | | | | | | Officer (below) | | | Other (s below) | pecify | | |
| 11975 EL CAMINO REAL, SUITE 101 | | | | | | | | | | | | Chief Executive Officer | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| SAN DIEGO CA | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D. | | | | | Execution Date, | | | Code (Instr. | | | | Beneficia Owned Fo | s Form lly (D) o ollowing (I) (In | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | Code | v | Amount | nt (A) or Pi | | 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) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, I fany C | | | 4. Trans Code | 5. Number of Derivative | | | 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) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | (Instr. 4) | | | | |
| Employee stock option (right to buy) | \$35.38 | 02/12/2021 | | A | | 275,000 | | (1) | 0 | 2/12/2031 | Common Stock | 275,000 | \$0.00 | 275,00 | 00 | D | | |

Explanation of Responses:

1. The Option vests and becomes exercisable over time at the following rate: 1/48th of the total number of shares subject to the Option shall vest each month in equal installments starting on March 1, 2021.

Remarks:

/s/ Mark A. Meltz, attorney in 02/16/2021 fact

** 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.