FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFIC	<b>AL OWNERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	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).

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>Yabannavar Vijay</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Gritstone Oncology, Inc. [ GRTS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
			-	Stroite Oncology, Inc. [ Okto ]								Director			10% Ow	·		
				$ \vdash$									Officer ( below)	give title		Other (sp	pecify	
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)								See Remarks					
C/O GRITSTONE ONCOLOGY, INC.				١	02/25/2020							See Remarks						
5959 HC	RTON ST	REET, SUITE 30	00															
				4	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street)												Line)			_			
EMERY	VILLE C	CA	94608								2	X Form filed by One Reporting Person						
													Form filed by More than One Reporting Person				ng	
(City)	(5	State)	(Zip)		1 03011													
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		Та	ble I - Non-D	erivati	ive S	ecuritie	s Ac	quired,	Dis	posed o	f, or Bei	neficially	Owned					
1. Title of	Security (Ins	str. 3)		<b>Fransacti</b>					d (A) or	5. Amoun				. Nature of				
Dat (Mo				e nth/Day/Year)		Execution Date if any		Code (Instr.		Of (D) (Instr. 3, 4 and 5		) Securities Beneficially		(D) or Indirect	Indirect Beneficial			
						(Month/Day/Yea		ar) 8)					Owned Fo				Ownership (Instr. 4)	
			Code					v	Amount	(A) or (D)	Price	Transaction						
					(0)						(Instr. 3 and 4)							
			Table II - De										Owned					
			(e.	g., put	s, cal	ls, warr	ants	, optior	ıs, c	convertib	ole secu	rities)						
1. Title of	2.	3. Transaction	3A. Deemed Execution Date, if any	4. Transaction Code (Instr.				6. Date Exercisable and Expiration Date of Securities (Month/Day/Year) 7. Title and Am of Securities Underlying				8. Price of	9. Number of		10.	11. Nature		
Derivative Security	Conversion or Exercise												Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3) Price of (Month/Day/Year)				8)	Acquired (A) or Disposed		Derivative Secu (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned	ly	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
Security						of (D) (In:	of (D) (Instr.		(111511. 3 aliu 4)			iu 4)				Following		
				-		3, 4 and 5)							Reported Transaction(s)					
												Amount or		(Instr. 4)				
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares						
				Code	<b>'</b>	(^)	(0)	EXCICISADI	E	Date	Title	oi silates						
Stock Option	*0.04	00/05/0006		Ι.		140,000			.(1)	00/04/0000	Common	110,000		440.00				
(Right to	\$8.91	02/25/2020		A		110,000		04/01/2020	)(1)	02/24/2030	Stock	110,000	\$0	110,00	U	D		

## **Explanation of Responses:**

 $1. \ The stock option vests and becomes exercisable in equal monthly installments over 48 months commencing on March 1, 2020.$ 

## Remarks:

Executive Vice President, Manufacturing and Tech Ops

/s/ Jean-Marc Bellemin, Attorney-in-Fact for Vijay

**Yabannavar** 

\*\* Signature of Reporting Person Date

02/27/2020

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.