FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL							
OMB Number:	3235-0287							
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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

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1. Name and Address of Reporting Person* Rousseau Raphael						2. Issuer Name and Ticker or Trading Symbol Gritstone Oncology, Inc. [GRTS]								elations eck all a						
					_ _									04	ector icer (give	e title		% Ow her (sı	I	
(Last)		First)	(Middle)		3.	3. Date of Earliest Transaction (Month/Day/Year)							\neg		ow)	e uue		low)	Decity	
` '	`		08/21/2019								See Remarks									
C/O GRITSTONE ONCOLOGY, INC. 5858 HORTON STREET, SUITE 210																				
							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable						
(Street)													Line	,	rm filad k	hy Ono E	Donorting F	orcon		
EMERY	VILLE (CA	94608												Form filed by One Reporting Person Form filed by More than One Reporting					
					-										rson	<i>D</i> ,o.o		орон	9	
(City)	(State)	(Zip)																	
		Tal	ole I - N	lon-Der	ivativ	e Se	curi	ties A	cquire	d, Di	sposed o	f, or Be	neficial	ly Owr	ned					
1. Title of Security (Instr. 3) 2. Transaction			ction				3.	otion	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and						6. Ownersh Form: Direc		7. Nature of Indirect			
Date (Month/Day/\					ay/Year)	/ear) Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)			(D) (IIISII.	3, 4 anu 3)	Bei	eficially ned Follo	·	(D) or Indir (I) (Instr. 4)	ect E	Beneficial Ownership		
						(wontinbay/rear)		<u> </u>			(A) or Price		Reported Transaction(s)		١	(1) (111341.4)		(Instr. 4)		
						Code	٧	Amount	(A) 01 (D)	Price		tr. 3 and								
Common Stock 08/21/20						19		M		10,000	A	\$0.76	76 10		0	D				
Common Stock 08/21/20:					2019	19			S		10,000	D	\$10.763).7631(1)			D			
			Table I	I - Deriv	ative	Seci	uriti	es Acc	uired	, Dis	posed of,	or Ber	eficially	Owne	d	•				
				(e.g.,	puts,	, call	s, w	arrant	s, opti	ions,	convertib	ole sec	urities)							
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)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Pric Deriva Securi (Instr.	tive der ty Sec 5) Be Ow Fo Re Tra	Number erivative ecurities eneficially wned ollowing eported ansaction estr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	t (D) lirect	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							
Stock Option (Right to	\$0.76	08/21/2019			М			10,000	04/17/2	2018 ⁽²⁾	05/17/2027	Common Stock	10,000	\$0		155,326	1)		

Explanation of Responses:

- 1. Represents the weighted average sale price for the entire number of shares sold. The actual sale prices range from \$10.71 to \$10.87 per share. Detailed information on the exact number of shares sold at each sale price can be obtained from the Issuer upon request.
- 2. The stock option vests and becomes exercisable with respect to 25% of the total number of shares on April 17, 2018. The remaining shares vest and become exercisable in equal monthly installments over the following 36 months.

Remarks:

Executive Vice President and Chief Medical Officer

/s/ Dana B. Johnson, Attorney-08/23/2019 in-Fact for Raphael Rousseau

** 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.