FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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*     Harmon Cyrus						2. Issuer Name and Ticker or Trading Symbol Olema Pharmaceuticals, Inc. [OLMA]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner			ner
(Last)	(Fi	irst) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024							Officer below)	(give title	Other (s below)	pecify
C/O OLEMA PHARMACEUTICALS, INC. 780 BRANNAN ST						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person			
(Street) SAN FRANCISCO		A	94103		R	ule 1	10h5-	1(c)	Transac	tion Ind	ication		Form fi Person		nan One Repor	ting
		(Zip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins								n or written plar	n that is intended	to	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ear) E	2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	s Fo	orm: Direct ) or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership
									Code V	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate,	4. Transa Code (l 8)		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) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$12.36	06/14/2024			A		23,000		(1)	06/14/2034	Common Stock	23,000	\$0	23,000	D	

## Explanation of Responses:

1. The shares subject to the option vest in a series of 12 successive equal monthly installments measured from June 14, 2024, subject to the Reporting Person's continuous service through each applicable vesting date. Such shares vest in full on the date of the Issuer's next annual meeting of stockholders if such stock option is not otherwise fully vested by such date, subject to the Reporting Person's continuous service through such vesting date.

/s/ Shane Kovacs, Attorney-in-

Fact

\*\* Signature of Reporting Person

Date

06/18/2024

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\ast}$  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.