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									
- 1	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*     Graham G. Walmsley				2. Issuer Name and Ticker or Trading Symbol Olema Pharmaceuticals, Inc. [ OLMA ]						(Che	elationship of the control of the co	able)	Person(s) to Is			
(Last)	(Fi	rst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024							Officer below)	(give title	Other below	(specify	
C/O LOGOS GLOBAL MANAGEMENT LP 1 LETTERMAN DRIVE, BLDG. C, STE C3-350				4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)   Form filed by One Reporting Person					
(Street) SAN FRANCI	· ·		Form filed by More than One Reporting Person  Rule 10b5-1(c) Transaction Indication										orting			
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								ed to			
		Tab	le I - Non-	Deriva	tive	Sec	curities	Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		Code (Instr. 5)			5. Amour Securitie Beneficia Owned F Reported	s ally ollowing (	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code V	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		(iiisti. 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 Diff any (Month/Day/	Co	ransaction ode (Instr.		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)	Ownersh Form: Direct (D) or Indirec (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode \	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	\$12.36	06/14/2024		A	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.

- $^{\star}$  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.