FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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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 | STATEMENT OF CHANGES IN BENEFICIAL OWN |
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| 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* Hrustanovic Gorjan | | | | | 2. Issuer Name and Ticker or Trading Symbol Olema Pharmaceuticals, Inc. [OLMA] | | | | | | (Ch | eck all applic X Directo Officer | or (give title | 10 Otl | % Ow ner (s _l | ner | | | |
|--|--|------------|------------------|---|---|---|------|---|-----------------------------|--|--|---|--|--|-----------------------------|-------|--|--|--|
| (Last) (First) (Middle) C/O OLEMA PHARMACEUTICALS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2021 | | | | | | | below) | | be | ow) | | | | |
| 512 2ND | STREET, | 4TH FLOOR | | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) SAN FRANCI | SCO C | A | 94107 | _ 4. | If Ame | endment, I | Date | of Original I | -ilea | (Month/Da | ay/Year) | Line | e) <mark>X</mark> Form f | iled by One I | Reporting F | erson | | | |
| (City) | (S: | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | Code (Instr. 5) | | tr. 3, 4 and | Beneficial Owned F Reported | es Fally (Following (Fallowing (Fall | 6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4) | t c | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Price Transaction(s) (Instr. 3 and 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) | Derivative Conversion Date Execution Date, Tra Security or Exercise (Month/Day/Year) if any Con | | Transa Code (| nsaction de (Instr. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date of Section (Month/Day/Year) Underl Derivation | | 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) | Owne Form: Direct or Ind (I) (Ins | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$27.66 | 06/09/2021 | | A | | 21,520 | | (1) | C | 06/08/2031 | Common Stock | 21,520 | \$0 | 21,520 | Г | | | | |

Explanation of Responses:

1. The shares subject to the option vest in a series of 12 successive equal monthly installments measured from June 9, 2021, 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/ John B. Moriarty, Jr., 06/10/2021 Attorney-in-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.