FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| houre per reenonee. | 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

| Casdin Alexander W. | | | 3. | Issuer Name and Ticker or Trading Symbol Erasca, Inc. [ERAS] Date of Earliest Transaction (Month/Day/Year) 06/20/2024 | | | | | (Che | 5. Relationship of Reporting Per (Check all applicable) Director Officer (give title below) | | | rson(s) to Issuer 10% Owner Other (specify below) | | | | |
|--|---|--|---|--|---|--|--|--|---|---|--|--|---|---|-----------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) C/O ERASCA, INC. 3115 MERRYFIELD ROW, SUITE 300 | | | | 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 DII | EGO C. | A | 92121 | R | ule ' | 10b5- | 1(c) | Transac | tion In | | ation | | Form fi Person | | than | One Report | ing |
| (City) | (S | tate) | (Zip) | | Rule 10b5-1(c) Transaction Indication 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. | | | | | | o satisfy | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | Transaction te onth/Day/Y | Execution Date | | e, Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | 5. Amour Securitie Beneficia Owned F | s illy ollowing | Form: | Direct I Indirect E str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code V | Amour | unt (A) or (D) | | Price | Reported 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (| | 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) | | 0 | 7. Title and Amoun 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 (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiratio Date | | | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$2.03 | 06/20/2024 | | A | | 60,000 | | 06/20/2025 ⁽¹⁾ | 06/19/203 | 4 | Common Stock | 60,000 | \$0.00 | 60,000 | | D | |

Explanation of Responses:

1. 100% of the options to purchase shares vest on June 20, 2025, subject to the Reporting Person's continuous service to the Issuer on such vesting date.

Remarks:

/s/ Ebun S. Garner, as Attorneyin-Fact 06/21/2024

** 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.