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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Casdin Alexander W.</u>					2. Issuer Name and Ticker or Trading Symbol <u>Erasca, Inc.</u> [ERAS]						(Ch	eck all applic	cable) or	Person(s) to Iss		
(Last) (First) (Middle) C/O ERASCA, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/01/2025							Officer below)	(give title	Other (below)	specify	
3115 MERRYFIELD ROW, SUITE 300				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street) SAN DIEGO CA 92121											Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)													
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
Date				Fransaction te onth/Day/Y	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		ed (A) or tr. 3, 4 and	Beneficia	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	ion(s)		(111501. 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	se (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)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (right to buy) ⁽¹⁾	\$2.51	01/01/2025		A		28,877		(2)	01/01/2035	Common Stock	28,877	\$0	28,877	D		

Explanation of Responses:

- 1. At the election of the filing person the option grant was issued in lieu of the cash compensation payable to such person in 2025 in connection with each position on the issuer's board of directors and its committees for which such person is anticipated to serve in 2025.
- 2. The option will vest and become exercisable in monthly, cumulative 1/12 increments beginning one month from the date of grant, subject to such person continuing to serve on the issuer's board of directors through the applicable vesting date.

/s/ Ebun S. Garner, as Attorneyin-Fact 01/02/2025

** 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.