**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

**Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934**

**or Section 30(h) of the Investment Company Act of 1940**

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1. **Name and Address of Reporting Person**
   - Wei Lin
     - (Last)
     - (First)
     - (Middle)
     - C/O ERASCA, INC.
     - 10835 ROAD TO THE CURE, SUITE 140
     - SAN DIEGO CA 92121

2. **Issuer Name and Ticker or Trading Symbol**
   - Erasca, Inc. [ERAS]

3. **Date of Earliest Transaction (Month/Day/Year)**
   - 02/01/2022

4. **Relationship of Reporting Person(s) to Issuer**
   - X Officer (give title below)
     - Chief Medical Officer

5. **Transaction Description**
   - **Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Security</th>
<th>Date</th>
<th>Code</th>
<th>Shares</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>02/01/2022</td>
<td>J</td>
<td>1,562</td>
<td>$11.6025</td>
<td>314,062</td>
</tr>
</tbody>
</table>

   **Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**

<table>
<thead>
<tr>
<th>Security</th>
<th>Date</th>
<th>Code</th>
<th>Shares</th>
<th>Expiration Date</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option</td>
<td>02/01/2022</td>
<td>A</td>
<td>272,100</td>
<td>01/31/2032</td>
<td>$0.00</td>
<td>272,100</td>
</tr>
</tbody>
</table>

**Explanation of Responses:**
1. Includes 1,562 shares acquired under the Erasca, Inc. employee stock purchase plan on December 15, 2021.
2. 1/48th of the shares subject to the option vest monthly following February 2, 2022, subject to the Reporting Person's continuous service to the Issuer on each such vesting date.

**Remarks:**

/s/ Ebun S. Garner, Attorney-in-Fact 02/03/2022

**Signature of Reporting Person**

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).


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.