FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 | |
|-------------|----|-------|--|

| 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).

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* Garner Ebun | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Erasca, Inc.</u> [ERAS] | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify | | | | | | |
|--|--|------------|---|---|--|--------------|--------|--|---|---|---|---|--|--------|--|--|
| (Last) | (F ASCA, INC | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2024 | | | | | | X | below) | | el & (| below) Corp. Sec. | респу |
| 3115 MERRYFIELD ROW, SUITE 300 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN DII | EGO C | A | 92121 | | | | | | | | X | | ed by More | • | ting Person One Reporti | ng |
| (City) | (S | itate) | (Zip) | _ R | lule | 10b5- | 1(c) | Transac | ction Ind | ication | | | | | | |
| | | | | | 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. | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | е | Execution Date, | | Code (Instr. | | | 5. Amoun Securities Beneficia Owned Fo | s Form ally (D) o following (I) (In | | Direct II Indirect E tr. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code | Amount | (A) o (D) | r Price | Transacti | 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 Execurity or Exercise (Month/Day/Year) if an | | 3A. Deemed Execution Date, if any (Month/Day/Year) | Date, Transaction | | | | 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) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | (3) | | |
| Stock Option (right to buy) | \$1.7 | 02/05/2024 | | A | | 480,000 | | (1) | 02/04/2034 | Common Stock | 480,000 | \$0.00 | 480,000 |) | D | |

Explanation of Responses:

1. 1/48th of the shares subject to the option vest monthly, with vesting starting on February 1, 2024, subject to the Reporting Person's continuous service to the Issuer on each such vesting date.

Remarks:

/s/ Ebun Garner

02/07/2024

** 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).
- ** 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.