FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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

| 1. Name and Address of Reporting Person* <u>Hambleton Julie</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Erasca, Inc. [ERAS] | | | | | | | | | ck all app Direc | tor | ng Per | rson(s) to Is | |
|---|--|---------|----------|---|---|--|--------|--|------------------|--|--------------------|--------------------|--|--|---|---------------|---|---|--|
| (Last) (Filst) (Midule) I | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/20/2021 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| 10835 ROAD TO THE CURE, SUITE 140 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) SAN DII | SAN DIEGO CA 92121 | | | | | | | | | | | | | Line) | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | oosed of | , or E | Bene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) 4. Securiti Disposed 5) | | | | | | Benefic | ties cially Following | Form (D) o | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | Code | v | | | Amount | (A) (D) | or | Price | Transa | ction(s) and 4) | | | (msu. 4) | | | | |
| Common Stock 07/20/ | | | | | 2021 | | | | P | | 6,000 | I | A | \$ 16 | 6 6,000 | | | D | |
| | 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) | | | on Date, | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indire (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | |
| | | | | Code | | v | (A) | | Date Exercisa | able | Expiration Date | Title | or Num of Shar | | | | | | |

Explanation of Responses:

Remarks:

/s/ Ebun S. Garner, Attorneyin-Fact

07/20/2021

** 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.