

**UNITED STATES SECURITIES AND EXCHANGE  
COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
SECURITIES**

**OMB APPROVAL**

OMB Number: 3235-0104  
Estimated average burden  
hours per response: 0.5

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>Chen Bihua</u>  (Last) (First) (Middle) 200 CLARENDON STREET, 52ND FLOOR  (Street) BOSTON MA 02116  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 07/15/2021	3. Issuer Name and Ticker or Trading Symbol <u>Erasca, Inc. [ ERAS ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below)      Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 07/15/2021  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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**Table II - Derivative Securities Beneficially Owned  
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Stock Options (right to buy) <sup>(1)</sup>	(2)	04/11/2031	Common Stock	166,666	5.808	D <sup>(3)</sup>

1. Name and Address of Reporting Person* <u>Chen Bihua</u>  (Last) (First) (Middle) 200 CLARENDON STREET, 52ND FLOOR  (Street) BOSTON MA 02116  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Cormorant Asset Management, LP</u>  (Last) (First) (Middle) 200 CLARENDON STREET, 52ND FLOOR  (Street) BOSTON MA 02116  (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Cormorant Global Healthcare Master Fund, LP</u>
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(Last)	(First)	(Middle)
200 CLARENDON STREET, 52ND FLOOR		
(Street)		
BOSTON	MA	02116
(City)		
(State)	(Zip)	

1. Name and Address of Reporting Person\*

Cormorant Private Healthcare Fund II, LP

(Last)	(First)	(Middle)
200 CLARENDON STREET, 52ND FLOOR		
(Street)		
BOSTON	MA	02116
(City)		
(State)	(Zip)	

**Explanation of Responses:**

1. These stock options were unintentionally omitted from the Reporting Person's original Form 3.
2. Stock option grant for 166,666 shares, 41,667 shares of which become exercisable on 3/16/2022 and 124,999 shares of which become exercisable thereafter in equal monthly installments through 3/16/2025.
3. Stock options granted to Bihua Chen, in her capacity as a director of the Issuer.

/s/ CORMORANT GLOBAL HEALTHCARE MASTER FUND, LP, By: Cormorant Global Healthcare GP, LLC, its General Partner, By: Bihua Chen, Managing Member 07/16/2021

/s/ CORMORANT ASSET MANAGEMENT, LP, By: Cormorant Asset Management GP, LLC, its General Partner By: Bihua Chen, Managing Member 07/16/2021

/s/ Bihua Chen 07/16/2021

/s/ CORMORANT PRIVATE HEALTHCARE FUND II, LP By: Cormorant Private Healthcare GP II, LLC, its General Partner By: Bihua Chen, Managing Member 07/16/2021

\*\* 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 5 (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.**