FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287 OMB Number: Estimated average burden 0.5 hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

mstructio	лт т (b).			FI				O(h) of the li						•						
							ssuer Name and Ticker or Trading Symbol CR2 THERAPEUTICS INC. [TCRR]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
						3. Date of Earliest Transaction (Month/Day/Year) 02/19/2019									Officer (g below)	give title		Other (s below)	specify	
(Street) SAN FRANCISCO CA 94129					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person					
(City)	(Sta	ate)	(Zip)																	
		Та	ble I - No	n-Deri	ivativ	ve Se	ecur	ities Acc	quired,	Dis	posed of	f, or	Bene	ficially	Owned					
				2. Transaction Date (Month/Day/Year)			Exec if any	Deemed ution Date, / th/Day/Year	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amount Securities Beneficial Owned Fo	ly	Form: Direct		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Reported Transactio (Instr. 3 an				(Instr. 4)	
Common Stock 02					19/20	/2019			С		807,256 A		(1)	807,256				See note ⁽²⁾		
			Table II -					ies Acqu /arrants,							wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,		ansaction de (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerci on Da Day/Y		of S Und Deri	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transact	e sally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	Jii(s)			
Series B Redeemable Convertible Preferred Stock	(1)	02/19/2019			С			5,000,000	(1)		(1)	Common Stock 8		307,256	\$0.00 0		I		See note ⁽²⁾	
	Address of F Group, I	Reporting Person*																		
(Last) (First) (Middle) ONE LETTERMAN DRIVE, BUILDING D																				

SUITE D3-300 (Street) SAN FRANCISCO CA 94129 (City) (State) (Zip) 1. Name and Address of Reporting Person* **Green Jeremy** (Last) (First) (Middle) C/O REDMILE GROUP, LLC ONE LETTERMAN DR, BUILDING D STE D3-300 (Street) SAN FRANCISCO CA 94129 (State) (City) (Zip)

Explanation of Responses:

^{1.} The Series B Redeemable Convertible Preferred Stock converted into shares of the Issuer's common stock immediately prior to the closing of the Issuer's initial public offering on a 6.1938-for-1 basis and had no expiration date.

^{2.} These securities are directly owned by certain private investment vehicles managed by Redmile Group, LLC ("Redmile") and may be deemed beneficially owned by Redmile as investment manager of such private investment vehicles. The reported securities may also be deemed beneficially owned by Jeremy Green as the principal of Redmile. The Reporting Persons disclaim beneficial ownership of the reported securities except to the extent of their pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Persons are the beneficial owners of the securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

By: /s/ Jeremy Green, Managing

Member of Redmile Group, 02/21/2019

LLC

<u>/s/ Jeremy Green</u> <u>02/21/2019</u>

** 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.