| SEC For | m 4 | | | | | | | | | | | | | | | | |
|--|---|--|--|--------------------------------------|--|--|------|---|--------------------|---|--|---|--|---|--|--|--|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | ed purs | T OF CHANGES IN BENEFICIAL OWNERSHIP pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | |
| 1. Name and Address of Reporting Person [*] Davis Aaron I. | | | | | | | | ker or Trading tics, Inc. [| | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner | | | | | | |
| (Last) (First) (Middle) C/O ITEOS THERAPEUTICS, INC. | | | | | Date 0 7/23/2 | | Tran | saction (Mont | h/Day/Year) | | Officer (give title Other (specify below) below) | | | | | | |
| 139 MAIN STREET (Street) CAMBRIDGE MA 02142 | | | | 4. | lf Ame | endment, | Date | of Original Fil | ed (Month/Da | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (CAMBRIDGE MA 02142 (City) (State) (Zip) | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| a | | | le I - Non-Der | | | Curities | | quired, Di | | , | | 5. Amou | | 6.00 | | . Nature | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ear) | Execution Date if any (Month/Day/Yea | | , Transactio Code (Ins | on Disposed | ties Acquired (A) or d Of (D) (Instr. 3, 4 a | | Securitie Beneficia Owned F | es Fo ally (D following (I) | Form (D) or | rm: Direct | of Indirect Beneficial Ownership | |
| | | | | | | | | Code V | Amount | (A) or (D) | Price | Price Reported Transaction (Instr. 3 and | | | | nstr. 4) | |
| | | - | Fable II - Deriv (e.g., | | | | | uired, Dis s, options, | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactio Code (Inst 8) | | | | 6. Date Exerc Expiration D (Month/Day/) | ate | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to Buy) | \$19 | 07/23/2020 | | A | | 16,608 | | (1) | 07/23/2030 | Common Stock | 16,608 | \$0.00 | 0 | | D | | |

Explanation of Responses:

1. This stock option shall vest over 3 years, with 1/3 vesting on July 23, 2021 and thereafter in equal monthly installments over the next 24 months subject to the Reporting Person's continued service to the Issuer.

Remarks:

| /s/ Michel Detheux, a | s |
|-----------------------|---|
| Attorney-in-Fact | |

07/24/2020

** 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.