SEC For	m 4															
FORM 4 UNITED STA				STAT	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB APPROVAL		
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					oursuan	t to Sectio	n 16(a	a) of the Secu	rities Exchan		CMB Number: Estimated ave hours per resp			erage burden	235-0287 0.5	
1. Name and Address of Reporting Person [*] Lager Joanne Jenkins					2. Issue	r Name ar	nd Tic	investment C ker or Trading ics, Inc.	g Symbol	(Ch	eck all applic Directo	able) r	10% Owner			
(Last) (First) (Middle) C/O ITEOS THERAPEUTICS, INC. 139 MAIN STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/24/2021							- X Officer (give title Other (specify below) below) Chief Medical Officer				
(Street) CAMBRIDGE MA 02142					Line) X Form								Joint/Group Filing (Check Applicable filed by One Reporting Person filed by More than One Reporting n			
(City) (State) (Zip)																
		Tab	le I - Non-l	Derivat	ive S	ecurities	s Ac	quired, Di	isposed o	of, or Be	neficial	ly Owned				
1. Title of Security (Instr. 3) 2. Transau Date (Month/Date)				Date	Execution Date		Date	 Transaction Dispose Code (Instr. 5) 		ities Acquired (A) or d Of (D) (Instr. 3, 4 and		Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
							Code V	Amount	(A) oi (D)	r Price	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
		-	Fable II - Do (e					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 Dat if any (Month/Day/Yo	Date, Transad Code (I				6. Date Exerce Expiration D (Month/Day/	ate	and 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Cod	ie V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$23.19	06/24/2021		A		24,000		(1)	06/24/2031	Common Stock	24,000	\$0.00	24,000	D	D	

Explanation of Responses:

1. This stock option shall vest over 4 years, with 25% vesting on June 24, 2022 and thereafter in equal monthly installments over the next 36 months subject to the Reporting Person's continued service to the Issuer.

Remarks:

/s/ Mich	<u>el Detheux, as</u>
Attorney	<u>-in-Fact</u>

06/24/2021

** 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.