

# **TURNING POINT THERAPEUTICS, INC.**

**Reported by**  
**TOMBESI PAOLO**

## **FORM 4** (Statement of Changes in Beneficial Ownership)

**Filed 07/27/21 for the Period Ending 07/26/21**

Address	10628 SCIENCE CENTER DRIVE, SUITE 200 SAN DIEGO, CA, 92121
Telephone	858-926-5251
CIK	0001595893
SIC Code	2834 - Pharmaceutical Preparations
Industry	Biotechnology & Medical Research
Sector	Healthcare
Fiscal Year	12/31

# FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 <sup>*</sup>  <b>TOMBESI PAOLO</b>  (Last) (First) (Middle)  <b>C/O TURNING POINT THERAPEUTICS, INC., 10628 SCIENCE CENTER DRIVE, STE. 200</b>  (Street)  <b>SAN DIEGO, CA 92121</b>  (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol  <b>Turning Point Therapeutics, Inc. [ TPTX ]</b>				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>EVP &amp; Chief Financial Officer</b>			
			3. Date of Earliest Transaction (MM/DD/YYYY)  <b>7/26/2021</b>							
			4. If Amendment, Date Original Filed (MM/DD/YYYY)				6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person			

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	7/26/2021		A		13600	(1)	A	\$0.00	13600	D

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (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 of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	V	(A)	(D)							
Stock Option (right to buy)	\$62.63	7/26/2021		A			61200		(2)	7/25/2031	Common Stock	61200	\$0.00	61200	D

#### Explanation of Responses:

(1) Represents restricted stock unit award granted under the Issuer's 2019 Equity Incentive Plan.  
(2) 25% of the shares vest on July 26, 2022 and 1/48th of the shares vest monthly thereafter over the next three years.

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>TOMBESI PAOLO</b> <b>C/O TURNING POINT THERAPEUTICS, INC.</b> <b>10628 SCIENCE CENTER DRIVE, STE. 200</b> <b>SAN DIEGO, CA 92121</b>			<b>EVP &amp; Chief Financial Officer</b>	

#### Signatures

/s/ Annette North, Attorney-in-Fact

7/27/2021

\*\*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 control

number.