FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

						Ocolic	JII 30((11) 01 1110	IIIVCStilli	ciii C	ompany Act	01 1340							
Name and Address of Reporting Person* Hall Ashley						2. Issuer Name and Ticker or Trading Symbol Reneo Pharmaceuticals, Inc. [RPHM]								eck all applic Directo	tionship of Reporti all applicable) Director		10% Ov	vner	
(Last)	`	irst) MACEUTICAL	(Middle)			Date of /28/20		iest Tran	nsaction (Month/Day/Year)					helow)	Officer (give title below) Chief Develo		Other (s below) nt Officer		
18575 JAMBOREE ROAD, SUITE 275-S					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) IRVINE	C.	A	92612			X Form filed by One Reporting Pe Form filed by More than One Re Person										J			
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											1 to								
		Tab	ole I - N	on-Deri	vativ	e Sec	curit	ties Ac	quired	l, Di	sposed o	f, or Be	neficial	y Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,			3. Transaction Code (Instr. 3, 4 a 8)					es Foially (D)		orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Common Stock 08/28/20				2023	23		M		15,625	A	\$1.8	55,225(1)			D			
Common Stock 08/28/20				2023	023		S		15,625	D	\$6.2757	(2) 39	,600		D				
		-	Table II								posed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/I	n Date, Transa Code (I				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock option (right to buy)	\$1.8	08/28/2023			M			15,625	(3)		12/08/2032	Common Stock	15,625	\$0.00	109,37	75	D		

Explanation of Responses:

- $1.\ Includes\ 4,000\ shares\ acquired\ under\ the\ Issuer's\ 2021\ Employee\ Stock\ Purchase\ Plan\ (the\ "Plan")\ on\ June\ 8,\ 2023.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$6.24 to \$6.44, inclusive. The reporting person undertakes to provide any security holder of Reneo Pharmaceuticals, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth herein.
- 3. The shares vest in a series of 16 equal quarterly installments measured from December 9, 2022 subject to Reporting Person's Continuous Service (as defined in the Issuer's 2021 Equity Incentive Plan) as of each such vesting date.

Remarks:

/s/ Jennifer P. Lam, Attorney-** Signature of Reporting Person

08/29/2023

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.