FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

| Section obligati | this box if no long 16. Form 4 or long may conting tion 1(b). | | STA | | ed pursuar | et to Section 16(a) etion 30(h) of the I | of the S | ecuriti | ies Exchanç | ge Act of 19 | | SHIP | Estin | 3 Number: mated avera s per respor | ge burdei | 3235-0287 n 0.5 |
|---|--|-----|----------------|---|--|---|---|----------|---|---------------|---|---|--|---|--|--|
| 1. Name and Address of Reporting Person* GREY MICHAEL G | | | | | 2. Issuer Name and Ticker or Trading Symbol Reneo Pharmaceuticals, Inc. [RPHM] | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O RENEO PHARMACEUTICALS, INC. 12230 EL CAMINO REAL, SUITE 230 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/13/2021 | | | | | | | X Officer (give title Other (specify below) Executive Chairman | | | | | |
| (Street) SAN DIII | | | 92130 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | ative S | ecurities Acc | quired, | Dis | posed of | f, or Ber | eficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | 3. 4. Securities Acqui Transaction Code (Instr. 5) 5, (In | | | | | 3, 4 and Securitie Beneficia Owned F | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | | (1 | nstr. 4) |
| Common Stock 04/13 | | | | /2021 | | С | | 20,162 | A | (1) | 444,762 | | | | ee ootnote ⁽²⁾ | |
| Common Stock | | | | | | | | | | | | 134, | 134,084 | | 1. | ee ootnote ⁽³⁾ |
| | | ٦ | Table II - | | | curities Acqu lls, warrants, | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Date, 1 | I. Fransactio Code (Instr 3) | n of | Expiration Do (Month/Day/No ed ed ed nstr. | | e ar) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Followin Reported Transact (Instr. 4) | Ownershi Form: Direct (D) or Indirect (I) (Instr. 4 dtion(s) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

(1)

1. All outstanding shares of Preferred Stock automatically converted into shares of Common Stock immediately prior to the closing of the Issuer's initial public offering, for no additional consideration at a rate of 1 share of Common Stock for each 4.4748 shares of Preferred Stock. The Preferred Stock had no expiration date.

(D) (A)

90.222

Date Exercisable

(1)

Expiration Date

(1)

Title

Common

- 2. By The Grey Family Trust dated November 12, 1999.
- $3. \ By \ Michael \ George \ Grey \ and \ Rondi \ Rauch \ Grey, \ Co-Trustees \ of \ The \ Grey \ 2014 \ Irrevocable \ Children's \ Trust \ u/a/d \ 12/17/14.$

Remarks:

Series A

Preferred

Stock

/s/ Vineet R. Jindal, Attorneyin-Fact

Amount Number

of Shares

20.162

\$0.00

04/15/2021

0

footnote⁽²⁾

** 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).

04/13/2021

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

C

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.