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 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2 Issuer Name and Ticker or Trading Symbol

| Name and Address of Reporting Person* Koehler Maria | | | 2. Issuer Name and Ticker or Trading Symbol Ikena Oncology, Inc. [IKNA] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|---|--|---------------------|---|---|---|------------------------------------|---------|--|---|------------------|---|-------------------------|--|---|--|--|---|--------|------|
| Koeille | ı ıvıdl'id | | | | | | | _0,, | | | • | | | X | Directo | or | | 10% Ov | vner |
| (Last) | • | irst) LOGY, INC. | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/15/2021 | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | |
| 645 SUMMER STREET, SUITE 101 | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | |
| (Street) | N M | Ά | 02210 | | 04/1 | 04/15/2021 | | | | | | Line) | Form fi | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | | Code (I | Transaction Disposed Of (D) (Instr. 3, 4 | | | | | | es Form ally (D) (following (I) (II) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | Code | | | | v | Amount | (A) or (D) | (A) or (D) Price | | Transact (Instr. 3 a | tion(s) | | | (111341. 4) | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | Co | ansaction of ode (Instr. Derivative | | Expiration Date (Month/Day/Year) U | | | 7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4) | | Derivative Security | | 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) | | | |
| | | | | Co | ode \ | v | (A) | (D) | Date Exercisabl | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |
| Stock Option (Right to Buy) | \$18.45 | 04/15/2021 | | | A | | 26,838 | | (1) | C | 14/15/2031 | Common Stock | 26,8 | 338 | \$0.00 | 26,838 | 3 | D | |

Explanation of Responses:

1. This option will vest in equal installments on the first, second, and third anniversaries of the grant date.

Remarks:

This Form 4 amends and restates the Form 4 filed by the Reporting Person on April 15, 2021 to reflect the correct vesting schedule of the Stock Option held by the Reporting Person.

/s/ Douglas R. Carlson, as

Attorney-in-Fact for Maria 05/03/2021

** 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.