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	CHANG	ES IN	BENE	FICIAL	OWNI	ERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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

Name and Address of Reporting Person* Koehler Maria					2. Issuer Name and Ticker or Trading Symbol Ikena Oncology, Inc. [IKNA]								Relationshi neck all app X Direc	licable)	ıg Per	son(s) to Iss 10% Ov			
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/09/2023							Office below	r (give title		Other (s below)	pecify		
C/O IKE	NA ONCO	LOGY, INC.			4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6.	ndividual o	Joint/Group) Filing	g (Check Ap	plicable	
645 SUM	MER STR	EET, SUITE 10	1			and the state of original rates (months buy/ real)								Line)					
					-									X Form filed by One Reporting Person Form filed by More than One Reporting					
(Street)														Form Pers		re thar	n One Repo	rting	
BOSTO	N M	A	02210		-						_								
,					- Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)		1,,	Chec	k this hov	to inc	licate that a tra	ansa	rtion was r	made nursua	ent to a co	ntract instru	tion or writter	n nlan t	that is intende	.d to	
Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In											non or writter	pian	and is interior						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1 Tide of (Caarreiter (Ima		101			_			3.					-			7. Nature		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		Securi Benefi Owned	ies cially Following	Form (D) o	n: Direct or Indirect nstr. 4)	of Indirect Beneficial Ownership			
						Code	v	Amount	mount (A) or (D)		Transa	eported ansaction(s) nstr. 3 and 4)		0	Instr. 4)				
Table II - Derivati								Λ	iusal Dia			` '	- 4: - : - !!		,				
		ı							uirea, Dis s, options					y Owned					
1. Title of	2.	3. Transaction	3A. Deeme	ed	4.		5. Numb		6. Date Exer	cisa		7. Title an	d	8. Price o			10.	11. Nature	
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Execution if any (Month/Day			of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security (Instr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		epiration ate	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$6.51	06/09/2023			A		17,520		(1)	06	5/09/2033	Common Stock	17,520	\$0.00	17,520	0	D		

Explanation of Responses:

1. This option shall vest in full upon the earlier of (i) June 9, 2024 or (ii) the date of the next annual meeting, all vesting shall cease if the director resigns from the Board or otherwise ceases to service as a director.

Remarks:

/s/ Mark Manfredi, as

Attorney-in-Fact for Maria

Koehler

** Signature of Reporting Person Date

06/13/2023

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.