Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | .C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* Brown Scott B. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Tracon Pharmaceuticals, Inc. [TCON] | | | | | | | | Check | all app Direc | ionship of Reportii all applicable) Director Officer (give title | | rson(s) to Is 10% O Other (| vner |
|--|--|--|--|--|---|--|---|-----|--|---------|--------------------|---|------------------------------|------------------------|---------------------------------------|--|---------------|--|---|
| (Last) (First) (Middle) C/O TRACON PHARMACEUTICALS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2021 | | | | | | | | X | belov | below) Chief Financial C | | | |
| 4350 LA JOLLA VILLAGE DRIVE, SUITE 800 (Street) SAN DIEGO CA 92122 (City) (State) (Zip) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | · | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | Year) | Execution Date, | | · | 3. Transaction Code (Instr. 8) 4. Securities Ac Disposed Of (D) | | | | | nd 5) Securi Benefi | | cially I Following | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tran | | action(s) . 3 and 4) | | | (1130.14) |
| Common Stock 03/08/202 | | | | |)21 | | | | P | | 1,000 | A | \$8.295 | 56 ⁽¹⁾ | 3,128(2) | | | D | |
| 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) | 2. Conversion or Exercise Price of Derivative Security | Exercise (Month/Day/Year) if any (Month/Day/Year) rivative | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | Der Sec | rice of ivative urity tr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exer | cisable | Expiration Date | Title | or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$8.28 to \$8.30, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth above.
- 2. Includes 350 shares acquired by the Reporting Person under the Issuer's 2015 Employee Stock Purchase Plan on each of April 20, 2020 and October 20, 2020.

Remarks:

/s/ Scott B. Brown

03/09/2021

** 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.