FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vachinaton	D C	20540
Vashington,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHI

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
houre per reenonee	0.5							

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 or Section 30(h) of the Investment Company Act of 1940

							,				1 7										
1. Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Tracon Pharmaceuticals, Inc. [TCON] 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									er								
THEUER CHARLES					-					,				X Director	-		10% Ow	ner			
(Last)	(1	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year)								X Officer (below)	(give title		Other (s below)	pecify			
C/O TRACON PHARMACEUTICALS, INC.					03	03/12/2024 PRESIDENT AND CEO															
4350 LA JOLLA VILLAGE DRIVE, SUITE 800					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(011)					-							- 1	X Form filed by One Reporting Person								
(Street) SAN DII	EGO C	CA	92122											Form filed by More than One Reporting Person							
(City) (State) (Zip)						lule	10b5-	1(c)	Trans	act	ion Ind	ication									
Check this box to indicate the affirmative defense co													act, instruction	or written p	lan that	is intended to	satisfy				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date					action 2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		ed (A) or tr. 3, 4 and 5	and 5) Securities Beneficially Owned Foll		Form (D) or	n: Direct or Indirect nstr. 4) (7. Nature of Indirect Beneficial Ownership							
								Code	٧	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)				
Common Stock 04/2				04/2	20/202	/2023		A	V	3,500	(1) A	\$0.137	77 402	,917		D					
Common Stock 10/2			20/202	/2023 A V 3,500 ⁽²⁾ A \$(\$0.133	3 406,417			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. Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transa Code (l 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		of Securities		ties ig e Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
Code V (A) (D)					(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)									
Employee Stock Option (Right to Buy)	\$0.39	03/12/2024			A		518,300		(3)		03/11/2034	Common Stock	518,300	\$0	518,3	00	D				

Explanation of Responses:

- 1. Shares acquired by the Reporting Person under the Issuer's 2015 Employee Stock Purchase Plan on April 20, 2023.
- 2. Shares acquired by the Reporting Person under the Issuer's 2015 Employee Stock Purchase Plan on October 20, 2023.
- 3. 1/4th of the shares subject to this option shall vest on the first anniversary of the Grant Date shown in column 3 above. The remaining shares vest and become exercisable in 36 equal monthly installments thereafter, on the last day of each month.

/s/ Scott B. Brown, Attorney-in-03/13/2024

Fact

** 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.