

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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* <u>Cormorant Asset Management, LP</u>			2. Date of Event Requiring Statement (Month/Day/Year) 04/16/2019		3. Issuer Name and Ticker or Trading Symbol <u>Turning Point Therapeutics, Inc.</u> [TPTX]		
(Last)	(First)	(Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)	
200 CLARENDON STREET, 52ND FLOOR			Director <input checked="" type="checkbox"/> 10% Owner				
(Street)			Officer (give title below)			6. Individual or Joint/Group Filing (Check Applicable Line)	
BOSTON	MA	02116				<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person	
(City)	(State)	(Zip)					

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,699,099	I	See Footnotes ⁽¹⁾⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Stock Options (right to buy)	(3)	07/16/2019	Common Stock	23,268	2.1945	I ⁽²⁾	See Footnotes ⁽²⁾⁽³⁾

1. Name and Address of Reporting Person* <u>Cormorant Asset Management, LP</u>		
(Last)	(First)	(Middle)
200 CLARENDON STREET, 52ND FLOOR		
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)
1. Name and Address of Reporting Person* <u>Chen Bihua</u>		
(Last)	(First)	(Middle)
C/O CORMORANT ASSET MANAGEMENT, LP		
(Street)		
BOSTON	MA	02116
(City)	(State)	(Zip)

Explanation of Responses:

1. Shares reported herein represent 983,909 shares held by Cormorant Global Healthcare Master Fund, LP (the "Master Fund"), 878,316 shares held by Cormorant Private Healthcare Fund I, LP ("Fund I"), 653,145 shares held by Cormorant Private Healthcare Fund II, LP ("Fund II") and 183,729 shares held by a managed account (the "Account"), in each case reflecting shares held on an as-converted basis after giving effect to the closing of the Issuer's initial public offering. Cormorant Asset Management, LP ("Cormorant") serves as the investment manager of the Master Fund, Fund I, Fund II and the Account. Cormorant Global Healthcare GP, LLC ("GP LLC"), Cormorant Private Healthcare GP, LLC ("GP I") and Cormorant Private Healthcare GP II, LLC ("GP II") serve as General Partner of the Master Fund, Fund I and Fund II, respectively. Bihua Chen serves as manager of Cormorant, GP LLC, GP I and GP II.

2. Each of the Reporting Persons disclaims beneficial ownership of the shares reported herein except to the extent of its or her pecuniary interest therein, and the filing of this Form 3 shall not be construed as an admission that any of the Reporting Persons is the beneficial owner of any such shares for purposes of Section 16(a) of the Securities Exchange Act of 1934 or for any other purpose.

3. The stock options are currently exercisable. The Master Fund and Fund I may receive up to 10,516 and 12,516 shares, respectively, upon exercise of the stock options.

/s/ CORMORANT ASSET 04/25/2019
MANAGEMENT, LP, By:

Bihua Chen, Managing
Member

/s/ Bihua Chen

04/25/2019

** 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 5 (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.