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

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: 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* Krognes Steve E. | | | | | 2. Issuer Name and Ticker or Trading Symbol Denali Therapeutics Inc. [DNLI] | | | | | | | | | all applic Directo Officer | able) |) Pers | 10% Ow Other (s | /ner |
|--|---|------------|----------------|--|---|---------------------------------|--|---------------------|--------------------------|------------------|---|--|---|--|---------------------------------------|---------------------------------------|---|-------------|
| (Last) | (F | irst) | (Middle) | 3 1 | Date of Earliest Transaction (Month/Day/Year) | | | | | | | \dashv | | below) | CFO and | Tron | below) | |
| C/O DENALI THERAPEUTICS INC. | | | | 08/20/2018 | | | | | | | | | CFO and | rrea | isurer | | | |
| 151 OYSTER POINT BOULEVARD, SECOND FLOOR | | | | | | | | | | | | | | | | | | |
| (Ctroot) | | | | - ^{4.} | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SOUTH | SAN | | | | | | | | | | | | X | Form fi | led by One | Repo | rting Persor | ı |
| FRANC | () | A | 94080 | | | | | | | | | | | Form fi Person | | than | One Repor | ting |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Der | ivativ | e Se | curities | s Ac | quired, [| Disp | osed o | f, or Be | neficia | lly C | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | Date, | Code (Instr. 5) | | | | 4 and Securitie Benefici | | es Formally (D) (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) c (D) | r Price | . 1 | Transact (Instr. 3 a | ion(s) | | | ,iii3ti. 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) | ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | Transaction of Code (Instr. Derivative | | ive ies ed ed nstr. | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title an of Securit Underlyin Derivative (Instr. 3 at | | ties ng e Security | Dei | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amoun or Numbe of Shares | | | | | | |
| Restricted Stock Units | (1) | 08/20/2018 | | A | | 11,286 | | (2) | | (2) | Common Stock | 11,28 | 5 3 | \$0.00 | 11,286 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of common stock of the Issuer.
- 2. 50% of the restricted stock units shall vest on August 20, 2019 and the remaining 50% shall vest on August 20, 2020, subject to the Reporting Person remaining a service provider of the Issuer through each such date

Remarks:

/s/ Tyler Nielsen, by power of <u>attorney</u>

08/22/2018

** 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.