FORM 4 UNITED STAT					Washi	ngton, [OMB APPROVAL						
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		STATEMENT OF CHANGES IN BENEFICIAL OWNERSH Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Person [*] Schuth Alexander O.				ssuer Name and Ti enali Therape			0 ,	(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify					
	(First) I THERAPEUTICS R POINT BLVD.				Date of Earliest Trai /20/2020	nsactior	ı (Mor	nth/Day/Year)		COO and Secretary				
(Street) SOUTH SAN FRANCISCO CA 94080			4. If Amendment, Date of Original Filed (Month/Day/Year) 08/24/2020							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)												
	Та	ble I - N	lon-Derivat	ive	Securities Ac	quire	d, D	isposed o	of, or E	Beneficial	y Owned			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Disposed O		d (A) or r. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
						Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stoc	k		08/20/202	0		М		5,643	A	(1)	616,516	Ι	See footnote ⁽²	
Common Stoc	ek		08/21/202	0		F ⁽³⁾		1,954	D	\$ 32.88 ⁽⁴⁾	614,562	I	See footnote ⁽²	
Common Stoc	:k										10,686 ⁽⁵⁾	D		

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of Common Stock of the Issuer.

2. The shares are held of record by The Schuth Family Trust U/A DTD 06/05/2017, for which the Reporting Person serves as trustee.

3. Shares withheld to satisfy the tax obligations by the reporting person in connection with the vesting of restricted stock units.

4. The sale price reported in column 4 of Table I represents the weighted average sale price of the shares purchased ranging from \$32.82 to \$32.885 per share. Upon request by the Commission staff, the Issuer, or a security holder of the Issuer, the Reporting Person will provide full information regarding the number of shares sold at each separate price.

5. Includes (i) 1,304 shares acquired on May 31, 2019 and (ii) 1,476 shares acquired on June 1, 2020 under the Issuer's 2017 Employee Stock Purchase Plan.

Remarks:

This Form 4/A is being filed in order to correct an omission in the shares held directly by the Reporting Person as reported on the original Form 4 filed on August 24, 2020.

/s/ Tyler Nielsen, by power of	11/30/2020
	11/30/2020

attorney

** 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.