SEC Form 4															
FORM 4	L UNIT	ED STAT	ES SECURIT	TIES A			ОММ	ISSION							
									OMB APPROVAL OMB Number: 3235-0287						
Check this box if no lon Section 16. Form 4 or F obligations may continu Instruction 1(b).	Form 5		UT OF CHANC pursuant to Section 1 or Section 30(h) of t	6(a) of th		COMB Number: 3235 Estimated average burden hours per response:									
1. Name and Address of Reporting Person* AKKARAJU SRINIVAS			2. Issuer Name and ADURO BIO					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
								X Director 10% Owner							
(Last) (Fir: C/O CHINOOK THE 1600 FAIRVIEW AV	3. Date of Earliest Tr 10/05/2020	ansactio	n (Mor	nth/Day/Year)		 Officer (give title Other (specify below) below) 									
	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	Street)										X Form filed by One Reporting Person				
SEATTLE WA	A 98102								Form filed by More than One Reporting Person						
(City) (Sta	te) (Zip)														
	Table I -	Non-Deriva	tive Securities	Acquir	ed, C	Disposed of,	or Be	neficia	lly Owned						
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye	Execution Date,	3. Transa Code 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			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 Stock	10/05/202	20	A		3,168,388(1)	A	(2)	3,168,388	I	See footnote ⁽¹⁾⁽³⁾					
	Table		ve Securities Ad its, calls, warrar						/ Owned						

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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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				
Stock Option (right to buy)	\$14.77	10/06/2020		A		23,522		(4)	10/05/2030	Common Stock	23,522	\$0.00	23,522	D	

Explanation of Responses:

1. The Reporting Person is a managing member of Samsara BioCapital GP, LLC, the general partner of Samsara BioCapital. The Reporting Person disclaims beneficial ownership of these securities except to extent of the Reporting Person's pecuniary interest therein.

2. The shares reported represent the number of shares of Issuer common stock received by the Reporting Person on the Effective Date in connection with merger of Chinook Therapeutics U.S., Inc. into the Issuer.

3. These securities are held by Samsara Bio Capital, L.P. The Reporting Person is a managing member of Samsara BioCapital GP, LLC, the general partner of Samsara BioCapital. The Reporting Person disclaims beneficial ownership of these securities except to extent of the Reporting Person's pecuniary interest therein.

4. The stock option vests as of 1/36 of the total shares monthly beginning on November 6, 2020 until fully vested, subject to the Reporting Person's provision of service to the Issuer on each vesting date. **Remarks:**

> /s/ Kirk Schumacher, Attorney-10/07/2020 in-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.