# FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Section 16. F	ox if no longer subject Form 4 or Form 5 nay continue. <i>See</i> (b)	to STATE	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934	Estimated average b hours per response:	3235-028 urden 0.5		
instruction 1	(0).		or Section 30(h) of the Investment Company Act of 1940		<u>.</u>		
1. Name and Ad Frohlich Te	ldress of Reporting F <u>OM</u>	Person*	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CHINOOK THERAPEUTICS, INC.</u> [KDNY ]	(Check all applica Director	109	o Issuer % Owner her (specify	
	) (First) (Middle) CHINOOK THERAPEUTICS, INC. ) FAIRVIEW AVE. E.		3. Date of Earliest Transaction (Month/Day/Year) 10/06/2021	below) 🖺	below) below) below) Chief Operating Officer		
(Street)	Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)			
(City)	(State)	(Zip)	—	Form file Person	d by More than One R	eporting	

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	10/06/2021		М		13,580	A	(1)	166,978	D	
Common Stock	10/06/2021		F		7,359 <sup>(2)</sup>	D	\$12.3686	159,619	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. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 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				
Restricted Stock Units (RSU)	(3)	10/06/2021		М			13,580	(4)	10/05/2030	Common Stock	13,580	\$0.00	27,163	D	

#### Explanation of Responses:

1. Restricted stock units convert into common stock on a one-for-one basis.

2. Represents the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of RSUs. These sales are mandated by the Issuer's election under its equity incentive plans to require the satisfaction of a tax withholding obligation to be funded by a "sell to cover" transaction and do not represent discretionary trades by the Reporting Person.

3. Each restricted stock unit represents a contingent right to receive one share of Issuer's common stock.

4. The RSUs vests as to one-third (1/3) of the total restricted stock units in equal annual installments beginning on October 6, 2021, until fully vested subject to the reporting person's provision of service to the Issuer on each vesting date.

#### Remarks:

/s/ Kirk Schumacher, Attorney-10/08/2021 in-Fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $\ast$  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.