FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Eychange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| | , | | or Se | ection 30(h) of the In | vestme | nt Cor | mpany Act of | 1940 | | | | | | |
|--|-----------|----------|--|--|--------|-----------------|------------------------------------|-----------------------|-------------------------|---|---|---|--|--|
| Name and Address of Reporting Person* DOBMEIER ERIC | | | | 2. Issuer Name and Ticker or Trading Symbol CHINOOK THERAPEUTICS, INC. | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| DODMETER | X EKIC | | KDI | - | | | | | X | Director | 10% (| Owner | | |
| (Last) | (First) | (Middle) | | , | | | | | X | Officer (give title below) | Other below | (specify) | | |
| C/O CHINOO | | I . | te of Earliest Transa 4/2021 | action (N | Month | /Day/Year) | | President, CEO | | | | | | |
| 1600 FAIRVIE | W AVE. E. | | | | | | | | | | | | | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) SEATTLE | WA | 98102 | | | | | | | X | Form filed by On | e Reporting Per | son | | |
| ,———— | WA | 90102 | | | | | | | | Form filed by Mo Person | re than One Re | porting | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | |
| Da | | | 2. Transaction Date (Month/Day/Year) | Execution Date, | | ction Instr. | 4. Securities Disposed Of 5) | Acquired (D) (Inst | d (A) or r. 3, 4 and | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (111501.4) | | |

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

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| 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 | | | | |

Explanation of Responses:

Common Stock

1. Certain of the shares are subject to forfeiture to the Issuer if underlying vesting conditions are not met.

Remarks:

/s/ Kirk Schumacher, Attorney-in-Fact

05/18/2021

77,837(1)

** 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).

05/14/2021

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.