FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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 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* $\underline{ISAACS\ STEPHEN\ T}$						2. Issuer Name and Ticker or Trading Symbol ADURO BIOTECH, INC. [ADRO]								 Relationship of Repo (Check all applicable) Director 			orting Person(s) to Issuer 10% Owner		
(Last) (First) (Middle) C/O ADURO BIOTECH, INC. 740 HEINZ AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/07/2017								X	Officer below)	(give title President	t and C	Other (specify below)	
(Street) BERKELEY CA 94710					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	•	(Zip)	lon Deri	vativ	0 500	it	tion A	- auire	2d D	ienoead o	of or B	enefic	ially	Owned				
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yell)					tion	2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Disposed Of	(A) or	5. Amount of Securities Beneficially Owned Followin		int of es ially Following	Form:	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Transac	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)
Common Stock 08/07/201						.7			M		40,000	A	\$0.	45	144	1,025		D	
Common Stock 08/07/201					2017	L7			S ⁽¹⁾		40,000	D	\$12.18	391 ⁽²⁾ 10 ²		,025		D	
Common Stock														70	70,657		I 1	By Family Frust ⁽³⁾	
		-	Table								sposed of, , convertil				wned				•
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly [Downership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	per					
Stock Option (right to	\$0.45	08/07/2017			M			40,000	(-	4)	03/18/2020	Commo Stock	ⁿ 40,0	00	\$0.00	209,25	9	D	

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 16, 2017.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.00 to \$12.35, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range.
- 3. The shares are owned directly by the Isaacs-MacBride Family Trust UAD 03/09/01, for which the Reporting Person is a trustee.
- 4. The shares subject to the Option are fully vested and immediately exercisable.

Remarks:

/s/ Jennifer Lew, Attorney-in-

Fact

** Signature of Reporting Person

08/09/2017

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.