FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20	549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* DODAMELED, EDIC.						2. Issuer Name and Ticker or Trading Symbol CHINOOK THERAPEUTICS, INC. [KDNY										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
DOBMEIER ERIC					lī										X Director			10% O	wner		
(Last)	(1	First)	(Middle)		· [_ X	Officer below)	(give title		Other (below)	specify	
C/O CHINOOK THERAPEUTICS, INC.						3. Date of Earliest Transaction (Month/Day/Year)											Preside	resident, CEO			
· · · · · · · · · · · · · · · · · · ·					12/	12/23/2021															
400 FAIRVIEW AVE. NO., 9TH FLOOR															-						
(Street) 4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	6. Individual or Joint/Group Filing (Check Applicable Line)												
SEATTL	E V	VA	98102												*	X Form filed by One Reporting Person					
(City)	(5	State)	(Zip)		-										Form filed by More than One Reporting Person				rting		
(0.19)																					
		Tab	le I - Non	-Deriv	/ative	e Se	curit	ies Ac	qu	ired, [Disp	osed o	f, or Be	nef	ficially	Owned					
1. Title of S	Security (Ins	str. 3)		2. Trans	saction					3.		4. Securities Acquired (A)				5. Amou				7. Nature	
Date (Month/D				/Day/Ye	Execution Date, if any (Month/Day/Yea			Ĺ	Code (Instr. 5)		d Of (D) (Instr. 3, 4 ar			Securitie Benefici	ally (D)	(D) o	m: Direct or Indirect	of Indirect Beneficial			
				ar)							Owned F Reported	ı " '''		nstr. 4)	Ownership (Instr. 4)						
										Code	V	Amount	Amount (A) or (D)		Price	Transact (Instr. 3					
Common Stock 12/23/					3/202	/2021			M		40,000 A S		\$0.35	180,633			D				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
												onvertil									
1. Title of 2. 3. Transaction 3A. Deemed 4.				4.		5. Number 6		6. Date Exercisable and 7. Title and Amo				mount	8. Price of	9. Number of		10.	11. Nature				
Derivative Security	Conversion or Exercise		Execution I	Date,	Transa Code (I		ion of		Ex	piration onth/Day			of Securities Underlying			Derivative	derivative Securities	.	Ownership Form:		
(Instr. 3) Price of (Month/Day/Year) 8)							Securities Acquired			ecurities Derivative Secur						(Instr. 5)	Beneficially Owned		Direct (D) Owner	Ownership	
	Derivative Security					(A) or ('		Following		(I) (Instr. 4)					
						Disposed of (D) (Instr.											Reported Transaction(s)				
					3, 4	and 5)						_			(Instr. 4)						
														An or	nount						
									Dat	te	_	xpiration		Nu	ımber						
					Code	٧	(A)	(D)		ercisable		ate	Title		nares						
Stock											Τ										
Option (Right to	\$0.35	12/23/2021			M			40,000		(1)	0	6/05/2029	Common Stock	40	0,000	\$0.00	383,35	8	D		
Buy)																					

Explanation of Responses:

1. The stock option vested as to 25% of the total shares on April 1, 2020, and thereafter vests as to 1/48 of the total shares monthly until fully vested, subject to the Reporting Person's provision of service to the Issuer on the vesting date.

Remarks:

/s/ Kirk Schumacher, Attorneyin-Fact

12/27/2021

** 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.