FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

wasnington,	D.C.	20549	

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

С	heck this box if no longer subject
to	Section 16. Form 4 or Form 5
ol	bligations may continue. See
In	struction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* THEUER CHARLES			2. Issuer Name and Ticker or Trading Symbol Tracon Pharmaceuticals, Inc. [TCON]									k all app	,	ng Perso	on(s) to Is			
(Last) 4350 LA SUITE 8		st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/21/2020							X	Office below	er (give title v) Presiden	t and C	Other (s below)	specify
(Street) SAN DII			2122 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	Form Form	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		4 and Securities Benefici		ies cially Following	Form: I (D) or I	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
						Code	v	Amount	(A) (D)	or P	rice	Transa	action(s) 3 and 4)			(111501.4)		
Common Stock 08/21/2			2020		P		5,325	I	A 5	\$1.56	56 171,882		Ι)				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Security (Instr. 3) Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	Instr.			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		De Se (Ir	Price of Privative Ecurity Istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)	n. wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

<u>/s/ Charles P. Theuer</u> <u>08/24/2020</u>

** Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

 $Persons \ who \ respond \ to \ the \ collection \ of \ information \ contained \ in \ this \ form \ are \ not \ required \ to \ respond \ unless \ the \ form \ displays \ a \ currently \ valid \ OMB \ Number.$

^{*} 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).