FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287
Estimated average bur	den
1.	

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the

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

affirmative defense 10b5-1(c). See Instr								
1. Name and Address Ng George K	of Reporting Person *		2. Issuer Name and Ticker or Trading Symbol Kintara Therapeutics, Inc. [KTRA]		tionship of Reporting Person(s) all applicable) Director	to Issuer		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/18/2024		Officer (give title below)	Other (specify below)		
10500 UNIVERS	ITY CENTER DRIV	E, SUITE 110	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)				X	Form filed by One Reporting Form filed by More than One	•		
TAMPA	FL	33612			, , , , , , , , , , , , , , , , , , , ,	3		
(City)	(State)	(Zip)						

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)	3. Transac Code (Ir 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities Beneficially Owned Following Reported	Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)

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. Transac Code (In 8)		Derivative		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	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		Transaction(s) (Instr. 4)		
Options (Right to Buy)	\$2.24	10/18/2024 ⁽¹⁾		A		35,780		10/18/2024	02/06/2030	Common Stock	35,780	\$0	35,780	D	
Options (Right to Buy)	\$3.69	10/18/2024 ⁽¹⁾		A		13,553		10/18/2024	01/16/2033	Common Stock	13,553	\$0	13,553	D	
Options (Right to Buy)	\$4.14	10/18/2024 ⁽¹⁾		A		13,553		10/18/2024	02/28/2034	Common Stock	13,553	\$0	13,553	D	

Explanation of Responses:

1. Securities issued upon closing of the transactions contemplated by the Agreement and Plan of Merger, dated as of April 2, 2024 (the "Merger Agreement"), among the Issuer (fka "Kintara Therapeutics, Inc."), Kayak Mergeco, Inc., a Delaware corporation and wholly owned subsidiary of Issuer ("Merger Sub"), and TuHURA Biosciences, Inc., a Delaware corporation ("Private TuHURA"). Under the terms of the Merger Agreement, on October 18, 2024, Merger Sub merged with and into Private TuHURA (the "Merger") with Private TuHURA surviving the Merger as a wholly owned subsidiary of the Issuer. Upon the closing of the Merger, securities of Private TuHURA were converted into the right to receive securities of the Issuer as set forth in the Merger Agreement. The Issuer subsequently changed its name to "TuHURA Biosciences, Inc."

/s/ Dan Dearborn as Power of Attorney for George Ng

10/22/2024

** 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.

 $^{^{\}star}$ 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).