## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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).

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Ty	pe Response	S)												
Name and Address of Reporting Person *  Praill Anthony Scott			2. Issuer Name and Ticker or Trading Symbol Kintara Therapeutics, Inc. [KTRA]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 12707 HIGH BLUFF DR., SUITE 200 (Street)			3. Date of Earliest Transaction (Month/Day/Year) 12/08/2021						X Officer (give title below) Other (specify below)  Chief Financial Officer  6. Individual or Joint/Group Filing(Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
			4. If Amendment, Date Original Filed(Month/Day/Year)											
	EGO, CA 9		(7)											
(City	")	(State)	(Zip)	Ta			•			ired, Disp	osed of, or l	Beneficially	Owned	
1.Title of Security (Instr. 3)			<ul><li>2. Transaction</li><li>Date</li><li>(Month/Day/Year)</li></ul>		Code (Instr. 8)	(A) or Disposed of (Instr. 3, 4 and 5)			D) Beneficially Owned Reported Transaction		Following	Ownership Form:	7. Nature of Indirect Beneficial	
				(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 a	and 4)		\ /	Ownership (Instr. 4)
Commor	Stock		12/08/2021		P		28,700	A S	S 0.677	37,186			D	
Reminder:	Report on a s	separate line fo	r each class of secu	rities beneficially or	wned direct	Pers	ons wh	o respor			ction of inf	ormation spond unle		1474 (9-02)
Reminder:	Report on a s	separate line fo	Table II -	Derivative Securit	ies Acquir	Pers cont the f	sons who tained in form dis	o respon this for plays a	m are curre eficial	not requesting ntly valid	uired to res OMB con		ss	1474 (9-02)
1. Title of		3. Transaction	Table II -  1 3A. Deemed Execution Day	Derivative Securit (e.g., puts, calls, wate, if Transaction Code Year) (Instr. 8)	ies Acquir arrants, op 5.	Pers cont the f ded, Di tions ded, Di tions ded, Double ded, Double ded de d	sons who tained in form dis isposed of the convert at exerce Expiration on the law of the convertion o	o responding this for plays a figure of the second isable in Date	eficial rities) 7. Ti Ama Und Secu (Inst 4)	not requesting ntly valid	8. Price of Derivative Security (Instr. 5)	spond unle	of 10. Ownersl Form of Derivati Security Direct (I or Indire	11. Natu of Indire Benefici Ownersh (Instr. 4)

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Praill Anthony Scott 12707 HIGH BLUFF DR., SUITE 200 SAN DIEGO, CA 92130			Chief Financial Officer		

### **Signatures**

/s/ Anthony Scott Praill	12/09/2021	
**Signature of Reporting Person	Date	

#### **Explanation of Responses:**

- \* 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.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.