# FORM 4

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

OIVID APPROVAL				
OMB Number:	3235-028			
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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	-/													
1. Name and Address of Reporting Person * HOFFMAN ROBERT		2. Issuer Name and Ticker or Trading Symbol Kintara Therapeutics, Inc. [KTRA]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director 10% Owner								
12707 HIGH BLUFF DR., SUITE 200		3. Date of Earliest Transaction (Month/Day/Year) 09/22/2021						Officer (give	title below)	Other	(specify below)				
(Street) SAN DIEGO, CA 92130			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_	6. Individual or Joint/Group Filing(Check Applicable Line)  Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Ci		(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)			Date, if C		4. Securities Acqu (A) or Disposed of (Instr. 3, 4 and 5)						ownership of orm:	7. Nature of Indirect Beneficial Ownership
					Ī		Code	e V	Amount (A) or (D)				(1	r Indirect (Ir	
Reminder:	Report on a	separate line for each	class of securities b	eneficial	lly ow	ned direc	tly or								
Reminder:	Report on a	separate line for each		- Deriva	tive S	Securities	Acqu	Person in this a curre	s who respon form are not r ntly valid OM	required to B control r eficially Ow	respond ι number.				74 (9-02)
	2. Conversion or Exercise Price of Derivative Security	3. Transaction	Table II  3A. Deemed Execution Date, if	- Deriva (e.g., p) 4. Transact Code	tive Suts, c	Securities	Acquerants, r of e	Person in this a curre uired, Dispo	form are not r ntly valid OM osed of, or Bendonvertible securer ercisable and Date	required to B control r eficially Ow	respond unumber. ned I Amount ing	8. Price of		10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction Date	Table II  3A. Deemed Execution Date, if any	- Deriva (e.g., p) 4. Transact Code	tive Suts, c	Securities alls, warr 5. Number 5. Number 5. Number 5. Securities Securities Acquired for Dispose (D) (Instr. 3, 4	Acquerants, r of e	Person in this a curre uired, Dispositions, co	form are not r ntly valid OMi osed of, or Bend posed of, or Bend posed of, or Bend posed of, or Bend posed of Bend pate y/Year)	eficially Owities) 7. Title and of Underly Securities	respond unumber. ned I Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi

### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
HOFFMAN ROBERT 12707 HIGH BLUFF DR., SUITE 200 SAN DIEGO, CA 92130	X					

### **Signatures**

/s/ Anthony Scott Praill, attorney-in-fact for Robert Hoffman	09/22/2021
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).
- (1) The option award was made to reporting person pursuant to the 2017 Omnibus Equity Incentive Plan, as amended. Subject to continued service, the options vest in 12 equal monthly installments commencing on October 22, 2021.

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

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.