FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	
asimigton,	D.O.	20040	

OMB APPROVAL OMB Number: 3235-0287 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP 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

Stock Options	\$1.59	06/15/2023			A		27,700		06/15/2024	06/15/2033	Common Stock	27,700	\$0	152,327	D	
				c	ode	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exercise (Month/Day/Year) ice of erivative				Transaction Code (Instr.		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Т							uired, Dis , options,				Owned			
				(Month/Day/Yea			<u> </u>	nt (A)	or Price		Following (i) d tion(s)	(Instr. 4)	Ownership Instr. 4)			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ction 2A. Deemed Execution Date,		quired, Disposed of, or Benefi 3.			ired (A) or	or 5. Amount of		6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial		
						satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										
(City)	(Si	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to						ed to					
(Street) SAN DIEGO CA 92121											Form filed by More than One Reporting Person					
C/O CARDIFF ONCOLOGY, INC. 11055 FLINTKOTE AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)					Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Last)	(Fi	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/15/2023							Officer below)	(give title	Other (s	specify	
1. Name and Address of Reporting Person* Markin Rodney S				2. Issuer Name and Ticker or Trading Symbol Cardiff Oncology, Inc. [CRDF]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					

Explanation of Responses:

Remarks:

/s/ Rodney S. Markin

06/20/2023

** 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.