FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-0287									
	Estimated average burden									
ı	hours per response:	0.5								

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

	ions may contil tion 1(b).	nue. See							es Exchang npany Act o			34		hours	s per re	esponse:	0.5	
1. Name and Address of Reporting Person*  Erlander Mark  (Last) (First) (Middle)  C/O CARDIFF ONCOLOGY, INC.  11055 FLINTKOTE  (Street)  SAN DIEGO CA 92121					or Section 30(h) of the Investment Company Act of 1940  2. Issuer Name and Ticker or Trading Symbol  Cardiff Oncology, Inc. [ CRDF ]  3. Date of Earliest Transaction (Month/Day/Year)  05/14/2020								(Che					Owner er (specify w)
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	Form	n filed by On	Joint/Group Filing (Check Applicabl iled by One Reporting Person iled by More than One Reporting			
(City)	(St		Zip)	<b>.</b>	i C.		i <b>A</b>		Dia			. D	-4:-:-!					
1. Title of Security (Instr. 3) 2. Transac Date				Transactio	ction 2A. Deemed Execution Date,			quired, Disposed of, or Benef  3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or	A) or 5. Amount of		Forn (D) o	. Ownership form: Direct D) or Indirect ) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (I	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(11301. 4)
Common Stock 05/14					020			P		6,993		A	<b>\$</b> 1.43 13,369			D		
		Tal	ole II - De (e.g							sed of, o				Owne	d			
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed 4 Privative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		1. Fransacti Code (Ins 3)	str. S	of	6. Date Expirati (Month/	on Da	sable and 7. Title and Amount of			D S (I	8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

**Explanation of Responses:** 

/s/ Mark Erlander

Title

05/18/2020

\*\* Signature of Reporting Person

Amount Number

of Shares

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).

Code

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.

(A) (D) Date Exercisable

Expiration Date