FORM 4

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

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington.	D.C.	20549	

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

OMB AP	PROVAL
OMB Number:	3235-0287
Estimated average	je burden
hours per respon	se: 0.5

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

defens	ed to satisfy e conditions ee Instruction	s of R	tule 10b5-																	
1. Name and Address of Reporting Person*  Levine James E.			2. Issuer Name and Ticker or Trading Symbol Cardiff Oncology, Inc. [ CRDF ]							Check	all app Direc	tionship of Reportin all applicable) Director Officer (give title		son(s) to Is  10% Ov	wner					
(Last) C/O CAI 11055 FI	RDIFF O		OLOGY, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/16/2024								Chief Financial Officer						
(Street) SAN DII (City)		CA (Stat		2121 Zip)		4. If A	Amend	ment,	Date o	of Origin	al File	d (Month/Da	y/Year)		6. Indiv ∟ine) ☑	Form	filed by One filed by Mo filed by Mo on	e Repo	orting Perso	on
			Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	or B	enefic	ially	Own	ed			
Date		2. Transact Date (Month/Day	Execution D		ate,	3. Transaction Code (Instr. 8)						Securi Benefi	Amount of ecurities eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) or (D)	Price	,	Transa	ction(s) 3 and 4)			(111041. 4)		
Common Stock 12/16/2			12/16/2	024				Р		2,564	A	\$3	.83	62	2,564		I	By Wife		
Common Stock 12/17/20			024			Р		2,752	A	\$5.4	55.4162 6		65,316		I	By Wife				
Common Stock 12/18/2				2024				P		2,400	A	\$	\$5		67,716		I	By Wife		
			Tal	ble II -								osed of, c				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exerci- Price of Derivative Security	on se	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, //Day/Year)	4. Transa Code ( 8)	(Instr.	of	r osed (1. 3, 4	6. Date Expira (Month	tion D h/Day/\		3 and	nt of ties lying tive ty (Instr.	Der Sec (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

**Explanation of Responses:** 

/s/ James Levine

12/18/2024

\*\* Signature of Reporting Person

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.