FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

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							
hours per response:	0.5						

	tion 1(b).			Filed							ies Exchang mpany Act o		1934			nours	s per r	esponse:	0.5
1. Name and Address of Reporting Person* JACOB GARY S (Last) (First) (Middle) C/O CARDIFF ONCOLOGY, INC.					2. Issuer Name and Ticker or Trading Symbol Cardiff Oncology, Inc. [CRDF] 3. Date of Earliest Transaction (Month/Day/Year) 05/14/2020										elationship of Reportir ck all applicable) Director Officer (give title below)		10% Own		
11055 FI	LINTKOTE	E AVENUE			4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Year)		6. Individ	dual or	Joint/Grou	ıp Fili	ng (Check A	Applicable
(Street)	EGO CA	A 9	2121											X		filed by Mo		porting Pers an One Rep	
(City)	(St	ate) (2	Zip)																
		Table	I - Non-	-Deriva	tive S	Secui	rities	s Acq	uired,	Dis	posed of	, or Be	enefic	cially	Own	ed			
Date			Date	Date Exc (Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securiti Disposed (5)		es Acquii Of (D) (In:	ed (A) str. 3, 4	and S	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) o	Pric	Tran		eported ansaction(s) astr. 3 and 4)			(Instr. 4)	
Common	Stock			05/14/2	2020				P		17,483	A	\$1	.43	19	19,552		D	
		Tal									osed of, convertib				wne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execurity or Exercise (Month/Day/Year) if a		3A. Deem Execution if any (Month/Da						6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriv Secu (Insti	erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi t (Instr. 4)
					Code	V	(4)	(D)	Date	able	Expiration		Amoun or Number of	per					

Explanation of Responses:

/s/ Gary Jacob

05/18/2020

** 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.