FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | |
| 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

| 1. Name and Address of Reporting Person* White Lale | | | | | 2. Issuer Name and Ticker or Trading Symbol Cardiff Oncology, Inc. [CRDF] | | | | | | | | | elationship o eck all applio | able) | g Pers | son(s) to Iss 10% Ov | | |
|--|--|--|--|--------|---|---|--------|-----------------------------|---------------------------------------|---|----------------------|---------------|---|---|---|---|---|--|--|
| (Last) (First) (Middle) C/O CARDIFF ONCOLOGY, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/17/2020 | | | | | | | | | Officer below) | (give title | | Other (s below) | specify |
| 11055 FLINTKOTE AVENUE | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SAN DII | EGO C | A | 92121 | | | | | | | | | - 1 | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | Execution Date | | Date, | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | 5. Amour Securitie Beneficia Owned F | es F ally (Following (| Form (D) or | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| | | • | Table II - I (| | | | | | , | | osed of, onvertil | | | • | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day) | ate, T | ransaction ode (Instr. | | of | | 6. Date Ex Expiration (Month/Da | Date | | of Securities | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | | Date Exercisab | | Expiration Date | Title | O N O | umber | | | | | |
| Stock Options | \$2.6 | 06/17/2020 | | | A | | 28,858 | | 06/17/202 | 1 0 | 6/17/2030 | Commo | | 8,858 | \$0.00 | 40,774 | | D | |

Explanation of Responses:

/s/ Lale White

06/19/2020

** 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.