FORM 4

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C.	20549	
-------------	------	-------	--

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

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

Name and Address of Reporting Person*     Charney Laurence N					2. Issuer Name and Ticker or Trading Symbol TG THERAPEUTICS, INC. [ TGTX ]									tionship of Reporting all applicable) Director		ng Per	10% Ov	wner	
(Last)	(Fir	st) (N	/liddle	)	3. Date of Earliest Transaction (Month/Day/Year) 03/12/2024									Office	er (give title		Other (s below)	pecify	
3020 CARRINGTON MILL BLVD, SUITE 475				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable ine)							
(Street)														X		Form filed by One Reporting Person			
MORRISVILLE NC 27560													Form filed by More than One Reporting Person				orting		
(City)	(Sta	ate) (Ž	Zip)		Rule 10b5-1(c) Transaction Indication							on .							
						Check this box to indicate that a transaction was made pursuant to a contract satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/N			Year) Execution				3. Transaction Code (Instr. 8) 4. Securities Disposed Of		Acquired (A) or (D) (Instr. 3, 4 a		nd 5) Sec Ben Owi		curities neficially vned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Report Transa (Instr.		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 03/12/20				)24			S		22,000(1)	D	\$15.9	<b>7</b> <sup>(2)</sup>	215,229(3)			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any			ransaction of Derivative		vative prities priced r osed ) r. 3, 4	Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)				tive derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. These shares were sold by the Company's restricted stock administrator in order to satisfy Mr. Charney's income tax obligations.
- 2. Reflects the weighted average sale price. The range of prices for the shares sold was \$15.95 to \$16.00. The reporting person reported on a single line all such transactions that occurred within a one-dollar price range. The reporting person hereby undertakes to provide upon request by the Securities and Exchange Commission staff, the issuer, or a shareholder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. Includes shares of restricted Common Stock, which vest over various time periods

/s/ Laurence N. Charney 03/13/2024

\*\* 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.