FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

heck this box if no longer subject
Section 16. Form 4 or Form 5
oligations may continue. See
-4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* Power Sean A					2. Issuer Name and Ticker or Trading Symbol TG THERAPEUTICS, INC. [TGTX]										k all app Direc	tor	ng Per	10% Ov	ner
(Last) 3020 CA	(Fir	st) (M N MILL BLVD	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/03/2024									Officer (give title below)		Other (state of the below)		specify
SUITE 475						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MORRISVILLE NC 27560														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or writt satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												ten pla	n that is inte	nded to					
		Table	I - No	n-Deriva							posed of					ed			
Date				2. Transact Date (Month/Day	Exec ay/Year) if any		Deemed cution Date, y nth/Day/Year)					s Acquired (A) of (D) (Instr. 3, 4			5. Amo Securi Benefi Owned Report	ties cially I Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	(A) (D)	or Pi	rice	Transa	action(s) . 3 and 4)			(Instr. 4)		
Common	Stock			01/03/2	/2024 s 47,867 ⁽¹⁾ D \$16.91 606,969 ⁽²⁾ D							D							
Common	Common Stock 01/05/2				.024				Α		75,000(3)	A		\$ <mark>0</mark>	681	1,969(2)		D	
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	Code (8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares		De Se (Instr.	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. In connection with the vesting of 95,000 shares on January 1, 2024, these shares were sold by the Company's restricted stock administrator in order to satisfy Mr. Power's tax withholding obligations. Mr. Power had no discretion with respect to such sale, which was transacted automatically in accordance with the Company's corporate policies regarding the vesting of restricted stock.
- 2. Includes shares of restricted Common Stock, which vest over various time periods.
- 3. Reflects a grant of restricted shares, of which 1/4 will vest on 1/1/2025, 1/4 will vest on 1/1/2026, 1/4 will vest on 1/1/2027, and 1/4 will vest on 1/1/2028.

/s/ Sean A. Power

01/05/2024

** 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.