FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

UMB APPROVAL												
OMB Number:	3235-0287											
Estimated average burden												
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).

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 intended to satisfy the affirmative

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 1(c). Se	e conditions of ee Instruction 1	Rule 10b5- 0.																	
Name and Address of Reporting Person* Echelard Yann				2. Issuer Name and Ticker or Trading Symbol TG THERAPEUTICS, INC. [TGTX]							(CI	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
												╛		ector		10% Ov			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024								bel	cer (give title ow)		Other (s below)	specity		
3020 CARRINGTON MILL BLVD, 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														<u></u>	n filed by One Reporting Person			on	
,			7500													m filed by Mo son	re tha	n One Repo	orting
(City)	(Sta	ate) (Z	<u>Z</u> ip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or l	Bene	eficia	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day.					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst 5)					d Secu Bene Own	ecurities F eneficially (wned Following (m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code V Amount (A) or (D)				Price	Reported Transaction(s) (Instr. 3 and 4)				(111501.4)					
Common Stock 11/05/20					024	s 20,000 ⁽¹⁾ D \$24.		\$24.	.48 224,098(2)			D							
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Conversion or Exercise Price of Derivative Security (Instr. 3) 2. Transaction Date (Month/Day/Year) Date (Month/Day/Year) if any (Month/Day			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		,	8. Price o Derivative Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nun of						

Explanation of Responses:

- 1. These shares were sold by the Company's restricted stock administrator in order to satisfy Mr. Echelard's income tax obligations.
- 2. Includes shares of restricted Common Stock, which vest over various time periods.

/s/ Yann Echelard

11/07/2024 ** 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.