FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

KILIEO	AIND I	ロメしロル	AINGE	33
M/ I- ! I	D 0 00	T40		

OMB APPROVAL

- 1											
	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 defense conditions of Rule 10b5-1(c). See Instruction 10

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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(c). Se	ee Instruction 1	0.																	
Name and Address of Reporting Person* Lonial Sagar			2. Issuer Name and Ticker or Trading Symbol TG THERAPEUTICS, INC. [TGTX]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner								
													•	Direc					
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								belov		er (give title Other (s v) below)		specify	
3020 CARRINGTON MILL BLVD, SUITE 475			11/1	11/11/2024															
5020 CARGINGTON MILLE BEVE, SOTTE 175				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)								2410 0			a (o	<i>yr</i> . oa.,	<i>'</i>	Line)					
MORRIS	SVILLE NO	2	7560											1		filed by On		•	
,					_							Form Perso		iled by More than One Reporti า		orting			
(City)	(Sta	ate) (Z	Zip)																
		Tablo	I - Nor	-Doriva	tivo 9	Socu	ritios	- A ca	uirod	Die	posed of	or F	Ronof	icially	Own	od			
						1			1	Dis		-					1	[
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,		3. 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi Owned		ties cially I Following	Form (D) or	r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) (D)	or Pr	ice	Reported Transactio (Instr. 3 an				(Instr. 4)	
Common Stock 11/11/				11/11/2	2024			S		5,000	D	\$	30.44 1		100,195(1)		D		
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,		Transaction of Code (Instr. Derivative		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					

Explanation of Responses:

1. Includes shares of restricted Common Stock, which vest over various time periods.

/s/ Sagar Lonial

11/12/2024

** 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.