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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 * <u>Ronald E Osman Irrevocable Trust III</u> <hr/> (Last) (First) (Middle) 241 AQUAMSI ST <hr/> (Street) CAPE GIRARDEAU MO 63703 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/05/2023	3. Issuer Name and Ticker or Trading Symbol <u>Inhibitor Therapeutics, Inc. [ INTI ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person <input checked="" type="checkbox"/>

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	23,489,985	D <sup>(1)</sup>	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person * <u>Ronald E Osman Irrevocable Trust III</u> <hr/> (Last) (First) (Middle) 241 AQUAMSI ST <hr/> (Street) CAPE GIRARDEAU MO 63703 <hr/> (City) (State) (Zip)
1. Name and Address of Reporting Person * <u>OSMAN RONALD E</u> <hr/> (Last) (First) (Middle) 241 AQUAMSI ST <hr/> (Street) CAPE GIRARDEAU MO 63703 <hr/> (City) (State) (Zip)

**Explanation of Responses:**

1. Common Stock is owned directly by the Trust. Ronald E. Osman is the sole trustee of the Ronald E. Osman Trust III, but has no pecuniary interest in the trust.

/s/ Ronald E. Osman 05/10/2023

/s/ Ronald E. Osman trustee of the Ronald E. Osman Trust III 05/10/2023

\*\* 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 5 (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.