FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL					
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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* FEDASZ KARINA M	2. Date of Event Requiring Statement (Month/Day/Year) 06/10/2024 3. Issuer Name and Ticker or Trading Symbol Onconetix, Inc. [ONCO]							
(Last) (First) (Middle) C/O ONCONETIX, INC.			4. Relationship of Reporting Issuer (Check all applicable)	10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
201 E. FIFTH STREET, SUITE 1900	_		Director Officer (give title below)			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
(Street) CINCINNATI OH 45202	-		Interim C					
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
				(I) (Insti	·. 5)			
(e.g			Securities Beneficia its, options, converti	Ily Own	ed			
(e.g		sable and		Ily Own	ed		6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

No securities are beneficially owned.

/s/ Karina M. Fedasz 06/20/2024

** 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 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.