Final Results from the First in Man Phase 1 Clinical Trial of CRN00808, an Orally Bioavailable sst2-Selective, Nonpeptidomimetic Somatostatin Receptor 2 (sst2) Agonist within safety, pharmacokinetics (PK), and pharmacodynamics (PD) has been conducted in healthy volunteers. This study evaluates the results from a threetime, single and multiple ascending dose Phase 1 study in healthy volunteers to measure the safety, PK, PD, and PK/PD interaction potential of CRN00808 (NCT06730900), preliminary results with blinded safety data presented at EDSO 2019. In the single dose arm of the study, cohorts of 8 subjects (6 active 3 placebo) received CRN00808 capsules once daily (QD) mg 30 mg in placebo or CRN00808 (20 mg oral - 10 mg subcutaneous). In the multiple ascending dose (MAD) arm, CRN00808 capsules were administered (10 mg single 20 mg 30 mg) for 21 days daily. Midazolam Ph was assessed before (Day -2) and after (Day 17) administration of CRN00808. Safety and PK were assessed in all phases of the study. Suppression of GHIR at steady state and lower GH secretion were observed as expected in the single dose phase of the study. In the multiple ascending dose phase of the study, steady state levels were achieved on Day 14 or Day 15. Serum levels of CRN00808 were higher following the single dose phase compared to the multiple ascending dose phase. At steady state, serum levels of CRN00808 were > 200 fold higher following the single dose phase compared to the multiple ascending dose phase. Serum levels of CRN00808 were higher following the single dose phase compared to the multiple ascending dose phase. At steady state, serum levels of CRN00808 were > 200 fold higher following the single dose phase compared to the multiple ascending dose phase. Serum levels of CRN00808 were higher following the single dose phase compared to the multiple ascending dose phase. At steady state, serum levels of CRN00808 were > 200 fold higher following the single dose phase compared to the multiple ascending dose phase. Serum levels of CRN00808 were higher following the single dose phase compared to the multiple ascending dose phase.