FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* GORDON CARL L						2. Issuer Name and Ticker or Trading Symbol Compass Therapeutics, Inc. [NONE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
l	MPASS TH	ERAPEUTICS,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/19/2020										er (give titl /)	е	Oth belo	er (spe w)	ecify		
245 FIRST STREET, 3RD FLOOR					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
(Street)	IDGE, M	A 0	2142										Line) X	Form	filed by O filed by M on							
(City)	(S	cate) (2	Zip)																			
		Table	I - N	on-Deriva	tive \$	Secui	rities	Ac	quired	d, Dis	sposed of	, or B	enefi	ciall	ly Own	ed						
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				.	if any	emed tion Date, n/Day/Year)		3. 4. Sec Transaction Code (Instr. 8)		Disposed Of	ties Acquired (A) o I Of (D) (Instr. 3, 4			5. Amour Securitie Beneficia Owned F Reported	s ally following	Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o (D)	Pric	е	Transaction(s) (Instr. 3 and 4)				(111301. 4)			
Common	Stock			06/19/20)20				P		1,455,132	A	\$	5	12,714,404		12,714,404		I See Footnote ⁽¹⁾			
		Tal	ble II								osed of, convertib				Owned	l						
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ation D th/Day/	Year) Securities Underlyin Derivative Security (I 3 and 4)		nt of ities lying ative ity (Instr 4)	De Si (li	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Owners Form: Direct (I or Indire (I) (Instr	hip (ED) (ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares	er								

Explanation of Responses:

1. These shares are held of record by OrbiMed Private Investments V-KA, LP ("OPI V-KA"). OrbiMed Capital GP V LLC ("OrbiMed GP V") is the general partner of OPI V-KA and OrbiMed Advisors LLC ("OrbiMed Advisors"), is the managing member of OrbiMed GP V. The Reporting Person is a member of OrbiMed Advisors. By virtue of such relationships, OrbiMed GP V and OrbiMed Advisors may be deemed to have voting and investment power over the shares held by OPI V-KA and as a result, may be deemed to have beneficial ownership over such securities. OrbiMed Advisors exercises voting and investment power through a management committee comprised of the Reporting Person, Sven H. Borho, and Jonathan T. Silverstein, each of whom disclaims beneficial ownership of the shares held by OPI V-KA.

/s/ Carl L. Gordon

06/23/2020

** 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.