FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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).	STATEMENT OF CHANGES IN BENEFICIAL OWN Filed pursuant to Section 16(a) of the Securities Exchange Act of 193						
	or Section 30(h) of the Investment Company Act of 1940						
1. Name and Address of Reporting Person*	2. Issuer Name and Ticker or Trading Symbol						

	nd Address of u <u>Philip</u>	Reporting Person*			<u>C</u>	<u>ompa</u>	ass Th	erap	eker or Tradi <u>peutics, 1</u>	nc.	[CMP	x]	(Ch	elationship of the control of the co	cable)	Perso	on(s) to Issi 10% Ow	
(Last)	,	,	(Middle)			Date of /09/20		Tran	saction (Mor	nth/E	ay/Year)			Officer below)	(give title		Other (s below)	pecify
C/O COMPASS THERAPEUTICS, INC. 80 GUEST STREET, SUITE 601			4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person							
(Street) BOSTO	N M	Ā	02135		Ļ			4 ()						Form f Persor	led by More	than	One Repor	ting
(City)	(S	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Tab	le I - Non	-Deriv	ativ	e Sec	curities	s Ac	quired, [Disp	osed o	f, or Be	neficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date			Code (Instr. 5)				5. Amou Securitie Beneficia Owned F Reported	s For ally (D) ollowing (I) (Form: (D) or	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V Amount (A) or (D)				Price	Transact	Transaction(s) (Instr. 3 and 4)			(iii3ti. 4)				
		-	Fable II - D						uired, Di s, options					Owned			·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/	ate, T	4. Fransa Code (I		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$1.57	02/09/2024			A		40,000		(1)	0	2/08/2034	Common Stock	40,000	\$0	40,000		D	

Explanation of Responses:

1. The options vest over 48 substantially equal monthly installments starting March 9, 2024.

/s/ Neil Lerner, attorney-in-fact 02/14/2024

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).