FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Instruction 1(b	y continue. See).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 193- or Section 30(h) of the Investment Company Act of 1940	4 hours per response: 0.5
1. Name and Address of Reporting Person [*] Bisker-Leib Vered			2. Issuer Name and Ticker or Trading Symbol <u>Compass Therapeutics, Inc.</u> [CMPX]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Cofficer (give title Other (specify
(Last) C/O COMPAS 80 GUEST ST	(First) S THERAPEUT	(Middle) TICS, INC.	3. Date of Earliest Transaction (Month/Day/Year) 11/22/2022	A below) below) Chief Operating Officer
(Street) BOSTON	МА	02135	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)		Peison

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	11/22/2022		S ⁽¹⁾		14,929	D	\$4.19(2)	1,069,985	D	
Common Stock	11/23/2022		S ⁽¹⁾		9,569	D	\$4.3 ⁽²⁾	1,060,416	D	
Common Stock	11/25/2022		S ⁽¹⁾		2	D	\$4.36	1,060,414	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

L									cunics	,						
	1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		nsaction of de (Instr. Der Sec (A) Dis of (vative rities hired r osed) r. 3, 4	Expiration 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)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The sales reported on this Form represent the number of shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. These sales are included in the Reporting Person's award agreement which allows the satisfaction of tax withholding obligations to be funded by a "sell to cover" transaction.

2. The price reported in Column 4 is the weighted average purchase price. These shares were purchased in multiple transactions at prices ranging from \$4.10 to \$4.30 per share on November 22, 2022 and \$4.15 to \$4.43 on November 23, 2022. The reporting person hereby undertakes to provide, upon request, to the Company, any security holder of the Company, or the staff of the Securities and Exchange Commission, full information regarding the number of shares purchased and prices within the range set forth above.

/s/ Vered Bisker-Leib

** Signature of Reporting Person

11/25/2022 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.