Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549

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

ENT 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* Solventy Thomas I.					2. Issuer Name and Ticker or Trading Symbol Compass Therapeutics, Inc. [CMPX]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Schuetz Thomas J.					Compass Therapouties, me. [Civil A]								X	Direc	tor 10% (10% O	wner		
(Last)	(Fir	st) (N	Middle)		Date of Earliest Transaction (Month/Day/Year)									X	X Officer (give title below)		Other (specify below)		specify	
C/O COMPASS THERAPEUTICS, INC.						08/17/2022								CHIEF EXECUTIVE OFFICER						
80 GUEST ST., SUITE 601																				
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable											
(Street)														1 '	Line) X Form filed by One Reporting Person					
BOSTO	N M	A 0	2135											\ \ \ ^		•		•		
,						Form filed by More than One Reporti Person											orung			
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transaction Disposed Of (D) (Instr. 5)				s, 4 and Securi Benefi Owned		ties cially Following	6. Own Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) (D)	or F	Price	Report Transa (Instr. :	ed ction(s) 3 and 4)			(Instr. 4)					
Common Stock 08/17/2					2022				P		15,000	0 A		\$3.05	5 5,376,873(1)		I	O		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
(e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		of	ired r osed) : 3, 4	Expiration Da		te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Di Se (II	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di). wnership orm: irect (D) r Indirect) (Instr. 4)	Beneficial Ownership ct (Instr. 4)	
					Code	code V (A) (D)		Date Expiration		Expiration Date	Title	Amor or Numi of Share	ber							

Explanation of Responses:

1. 170,946 of these shares of common stock underlie unvested restricted stock awards that are subject to a right of repurchase in favor of the issuer, which vest as follows: restricted stock award granted on July 3, 2019, with the remaining 67,050 shares vesting approximately equally per month with shares fully vested on July 31, 2023 and restricted stock award granted on December 20, 2019, with the remaining 103,896 shares vesting approximately equally per month with shares fully vested on December 31, 2023. 600,000 of the shares represents restricted stock units ("RSU") granted to the reporting person on November 16, 2021. Each RSU represents a contingent right to receive one share of common stock. The award is subject to service-based vesting conditions and vests in four equal annual installments, with the first installment vesting on November 15, 2022.

/s/ Thomas J. Schuetz

** Signature of Reporting Person Date

08/17/2022

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.