FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number: 3235-028 Estimated average burden								
- 1	hours nor roomanas:	0.5							

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

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

1. Name and Address of Reporting Person* Boylan James P					2. Issuer Name and Ticker or Trading Symbol Compass Therapeutics, Inc. [CMPX]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Fi	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024							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 Applicable le) X Form filed by One Reporting Person					
(Street)	N M	A	02135		_									led by More th	an One Repor	
(City)	(S	tate)	(Zip)		- Ri	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.							to			
		Tab	le I - Non	-Deri	vativ	e Sec	urities	Ac	quired, Di	sposed o	f, or Be	neficiall	y Owned			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date)					Execution D		Date, Transaction Code (Instr.					5. Amour Securitie Beneficia Owned F Reported	es Form ally (D) of Following (I) (Ir	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership Instr. 4)	
							Code V	Amount	(A) or (D) Price		Transact (Instr. 3 a	ion(s)				
		٦							uired, Dis , 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 Date, if any (Month/Day/Year)	Date,	4. Transaction Code (Instr. 8)		of I		6. Date Exercisable and Expiration Date (Month/Day/Year)		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				
Stock Option (Right to Buy)	\$1.96	03/08/2024			A		40,000		(1)	03/07/2034	Common Stock	40,000	\$0	40,000	D ⁽²⁾	

Explanation of Responses:

- 1. The options vest over 48 substantially equal monthly installments starting April 8, 2024.
- 2. The Reporting Person is a member of Enavate Sciences, LP ("Enavate"). Pursuant to an agreement with Enavate, the Reporting Person has agreed to receive and hold for the benefit of Enavate any securities issued under any stock options or other awards granted to him for his services as a director on the Issuer's board of directors. As such, the Reporting Person disclaims beneficial ownership of, and all right, title and interest in, the reported securities.

/s/ Neil Lerner, as attorney-in-

fact

** Signature of Reporting Person

Date

03/11/2024

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.