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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* Schuetz Thomas J.						2. Issuer Name and Ticker or Trading Symbol Compass Therapeutics, Inc. [NONE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Schuetz	= 0.1	Sompass Therapeuties, me. [NONE]									X Direc	tor	10% Owner		ner					
(Last)	(First) (I	Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)									X Office below	er (give title v)		ner (s low)	pecify	
C/O COMPASS THERAPEUTICS, INC.						06/19/2020									C	Chief Executiv		e Officer		
245 FIRST STREET, 3RD FLOOR																				
	4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable										
(Street)														Line	,	filed by On	e Denorting	Daren	"	
CAMBR	IDGE, I	1A 0	2142											4	X Form filed by One Reporting Person Form filed by More than One Reporting					
,_,,															Perso			поро	9	
(City)	(State) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or E	3ene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					Executio			3. Transaction Code (Instr. 8) 4. Securiti Disposed 5)					Benefic	ies cially Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t o	'. Nature of Indirect Beneficial Ownership Instr. 4)			
					Code	v	Amount	(A) (D)	or F	Price	Transaction(s) (Instr. 3 and 4)				(111511.4)					
Common Stock 06/19/2					2020				P		97,431	97,431 A		\$5	5 4,525,467 ⁽¹⁾		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Code (Instr				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		(B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	(D) rect	Beneficial Ownership t (Instr. 4)	
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Fitle Share							

Explanation of Responses:

1. 586,546 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 February 22, 2018, 3,850.625 shares vest per month with shares fully vested on February 28, 2022, restricted stock award granted on July 3, 2019, 5,587.5 shares vest per month with shares fully vested on July 31, 2023 and restricted stock award granted on December 20, 2019, 25% cliff on December 20, 2020; 6,111.625 shares vest per month thereafter with shares fully vested on December 31, 2023.

/s/ Thomas J. Schuetz

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.