FORM 4

## 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								

0.5

hours per response:

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

											<u> </u>										
1. Name and Address of Reporting Person*  Kiener Peter A						2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [ CUE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kleffer Peter A				$I^{-}$	Directo										r		10% Ov	vner			
(Last) (First) (Middle) 21 ERIE STREET						3. Date of Earliest Transaction (Month/Day/Year) 01/02/2019									Officer below)	(give title		Other (s below)	pecify		
ZI ERRE OTREET						4. If Amandment, Data of Original Filed (Manth/Day/Mass)									6. Individual or Joint/Group Filing (Check Applicable						
(0)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)							
(Street)  CAMBR	IDGE M	1A	02139											X		•		orting Perso n One Repo			
(City)	(9	State)	(Zip)		-										Persor		e iriai	топе перо	iung		
(City)	(-	olate)	(Ζιρ)																		
		Tab	le I - Nor	ı-Deriv	ative	Sec	curities	s Ac	quired, D	Disp	osed c	of, or Be	neficia	lly C	Owned	l					
1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)					ar) E	2A. Deemed Execution Date, If any (Month/Day/Year		Code (Instr. 5)					Benefici Owned I		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) o	r Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
		Т							uired, Dis s, options					y Ov	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactic Code (Inst ) 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration	Title	Amount or Number of Shares								
Stock Option (right to	\$5.16	01/02/2019			A		8,000		01/02/2020	01	/02/2026	Common Stock	8,000	\$	\$0.00	8,000		D			

**Explanation of Responses:** 

Remarks:

/s/ Peter A. Kiener by Mark R. Busch, attorney-in-fact

\*\* Signature of Reporting Person Date

01/03/2019

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

 $^{\star}$  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).

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.