FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 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* NASSHORN PATRICIA | | | | | 2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE] | | | | | (Ch | eck all applic | or 109 | | Issuer Owner er (specify | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|--------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|--|--|
| (Last) (First) (Middle) C/O CUE BIOPHARMA, INC. 40 GUEST STREET | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2023 | | | | | | | X Officer (give title Officer (specify below) Chief Business Officer | | | | |
| (Street) BOSTON | | tate) | 02135 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | Reporting Perso | n | | | |
| Date | | | Transactio | ction 2A. Deemed Execution Date, | | 3. Transaction | 4. Secur Dispose tr. 5) | ecurities Acquired (A) or losed Of (D) (Instr. 3, 4 and | | 5. Amount of Securities Form Beneficially (D) of | | o. Ownership Form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| 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) 3. Transaction Date (Execution Date, if any (Month/Day/Year) | | Code | ransaction of ode (Instr. Derivative | | 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) | 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) | \$3.21 | 02/16/2023 | | A | | 97,900 | | (1) | 02/15/2033 | Common Stock | 97,900 | \$0.00 | 97,900 | D | | |

1. This stock option becomes exercisable in eight equal semi-annual installments beginning on August 16, 2023.

Remarks:

/s/ Patricia Nasshorn by Kerri-Ann Millar, attorney-in-fact

02/21/2023

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).