FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/10 |
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| wasiiiiytoii, | D.C. | 20049 |

| STATEMENT | OF (| CHANGES | IN B | ENEFI | CIAL | OWNE | RSHIP |
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| OMB APPROVAL | | | | | | | | | | |
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| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | | | | | | | | | | |

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* PASSERI DANIEL R | | | | 2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|--|--|---|--|--|--|-----|--|--------------|---|---|---|--|---|--|--|--------|
| (Last) | | rst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/21/2023 | | | | | | | | below) | (give title | TIVI | 10% Ow Other (s below) E OFFICE | pecify |
| 40 GUEST STREET | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | N M | Α | 02135 | | | | | | | | | | 2 | | led by More | | rting Persor One Repor | - 1 |
| (City) | (S | tate) | (Zip) | | Rι | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | |
| | | | | | | Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins | | | | | | | ant to a contra ee Instruction | act, instruction 10. | n or written p | lan tha | at is intended | to |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Da | | Date | Code (Ins | | | | Securitie Beneficia | Securities Form Seneficially (D) (Dwned Following (I) (I | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | Code V Amount (A) or (D) | | | | Price | Transaction(s) (Instr. 3 and 4) | | | | msu. 4) | | | |
| | | | | | | | | | uired, Dis s, 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 D if any (Month/Day/ | Code (Instr. | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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 | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | v | (A) | (D) | Date Exercisable | Expi Date | iration | Title | Amount or Number of Shares | | Transactio (Instr. 4) | JII(S) | | |
| Stock Option (right to buy) | \$4.2 | 07/21/2023 | | | A | | 450,000 | | (1) | 07/2 | 20/2033 | Common Stock | 450,000 | \$0.00 | 450,00 | 0 | D | |

Explanation of Responses:

1. This stock option grant becomes exercisable in twenty four equal monthly installments beginning on August 21, 2023.

Remarks:

/s/ Daniel Passeri by Colin Sandercock, attorney-in-fact

07/25/2023

** 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.