FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasilligion,	D.C.	20349	

TATEMENT	OF CH	IANGES IN	N BENEFICIA	AL OWNERS	HIP

OMB APPROVAL											
OMB Number:	3235-0287										
Estimated average bu	rden										
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* Fletcher Aaron G.L.							2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE]								5. Relationship (Check all app X Direct		licable)	ng Pei	rson(s) to Is	
	`) (N MA, INC.	(liddle		06/2	4/202	0			`	h/Day/Year)				below	,		Other (below)	
(Street) CAMBR (City)	IDGE 1	MA State		2139 (ip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date				2. Transacti Date (Month/Day)	Execution Date,					curities Acquired (A) o osed Of (D) (Instr. 3, 4			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) or (D)	Price	•		orted nsaction(s) tr. 3 and 4)			(Instr. 4)
Common	Stock				06/24/20	20		P		4,547	A	\$24	\$24.64(1)		55,499		D			
Common Stock 06/24/20						20		P		2,953	A	\$25	\$25.24 ⁽²⁾ 1		8,452		D			
Common Stock															8	,867		1 1	By spouse	
	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. Conversio or Exercis Price of Derivative Security	n [3. Transaction Date Month/Day/Year)	Execu if any	eemed ition Date, h/Day/Year)		Transaction of Code (Instr. Derivative			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)			Ownersi Form: Direct (D or Indire (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	(A)	(D)	Date Exerci	isable	Expiration Date		Amour or Numbe of Shares	er					

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$23.92 to \$24.90, inclusive. The reporting person undertakes to provide to Cue Biopharma, Inc., any security holder of Cue Biopharma, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote (1) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$24.91 to \$25.74, inclusive. The reporting person undertakes to provide to Cue Biopharma, Inc., any security holder of Cue Biopharma, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in this footnote (2) to this Form 4.

Remarks:

/s/ Aaron Fletcher by Mark Busch, attorney-in-fact ** Signature of Reporting Person

06/25/2020

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.