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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

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								
hours per response:	0.5							

Instruction 1(b).	onunue. See	File	d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940		hours p	er response: 0.5		
1. Name and Address of Reporting Person [*] Pienta Kenneth			2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE]		tionship of Reporting all applicable) Director Officer (give title	Person(s) to Issuer 10% Owner Other (specify		
(Last) C/O CUE BIOPH 21 ERIE STREE		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 01/20/2021	^	below) below) below) Chief Medical Officer			
(Street) CAMBRIDGE MA 02139 (City) (State) (Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year) 01/22/2021	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Т	able I - Non-Deriv	ative Securities Acquired, Disposed of, or Benefic	L cially (Owned			

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	01/20/2021		M ⁽¹⁾		2,720 ⁽²⁾	A	\$2.86	4,720	D	
Common Stock	01/20/2021		S ⁽¹⁾⁽³⁾		2,720	D	\$15.066(4)	2,000	D	

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)				6. Date Exerc Expiration Di (Month/Day/)	ate	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)	10. 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		(Instr. 4)		
Stock Option (right to buy)	\$2.86	01/20/2021		M ⁽¹⁾			2,720 ⁽²⁾	(5)	11/16/2023	Common Stock	2,720	\$0.00	17,280	D	

Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 20, 2020.

2. This option exercise was omitted from the reporting person's original Form 4.

3. This transaction was incorrectly reported using Code "P" in the reporting person's original Form 4.

4. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.02 to \$15.26, 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 (4) to this Form 4.

5. The option, representing a right to purchase a total of 20,000 shares, became exercisable in full on November 16, 2017.

Remarks:

/s/ Kenneth Pienta by Colin Sandercock, attorney-in-fact

** Signature of Reporting Person

02/18/2021

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.