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									
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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

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Name and Address of Reporting Person* Suri Anish						2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE]									tionship o all applic Directo	•	g Pers	on(s) to Issi 10% Ow		
	E BIOPHAI	,	(Middle)	ı		3. Date of Earliest Transaction (Month/Day/Year) 09/23/2021									below)	er (give title w) PRESIDENT A		Other (s below)	pecify	
21 ERIE STREET						A If Amendment Date of Original Filed (Menth/Dev/Menth								6 Individual or Joint/Crown Filips (Charle Applicable)						
(Street) CAMBRIDGE MA 02139					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic		es ally Following	Form	: Direct Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Trans		ed ction(s) 3 and 4)			(Instr. 4)	
Common Stock 09/23/202					2021	21			M ⁽¹⁾		20,000	A	\$6.4	\$6.42		4,838		D		
Common Stock 09/23/202					2021	21		S ⁽¹⁾		20,000	D	\$15.23	323 ⁽²⁾	74	74,838		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. Transaction Code (Instr. 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
						v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (right to buy)	\$6.42	09/23/2021			M ⁽¹⁾			20,000	(3	3)	03/06/2029	Commo Stock	20,0	00	\$0.00	125,000	0	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 March 24, 2020.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.00 to \$15.58, 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 range set forth in this footnote (2) to this Form 4.
- 3. The option vests in eight equal semi-annual installments beginning September 6, 2019.

Remarks:

/s/ Anish Suri by Colin Sandercock, attorney-in-fact

09/27/2021

** 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.