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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OWR APPRO	VAL								
OMB Number:	3235-0287								
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1	ress of Reporting Pers		2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
MARLETT CHRISTOPHER A				X	Director	10% Owner		
(Last) 2425 CEDAR	(First) SPRINGS ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/26/2018		Officer (give title below)	Other (specify below)		
Ī			4. If Amendment, Date of Original Filed (Month/Day/Year)	g (Check Applicable				
(Street) DALLAS	TX	75201		Line)	Form filed by One Rep Form filed by More that	0		
(City)	(State)	(Zip)			Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of (D) (Instr. 3, 4 and Code (Instr. 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.14)
Common Stock	12/26/2018		Р		19,647	A	\$4.29 ⁽¹⁾	71,081	Ι	See footnote ⁽²⁾
Common Stock								9,000	D	
Common Stock								1,017,973	Ι	See footnote ⁽³⁾

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)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y	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)	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				

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 \$4.18 to \$4.38, 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. Held by the Christopher A. Marlett Living Trust, of which the reporting person is sole trustee.

3. The record owner of these securities is MDB Capital Group, LLC ("MDB"). The reporting person is the Chief Executive Officer of MDB. The reporting person disclaims beneficial ownership of these securities except to the extent of his pecuniary interest therein and inclusion of these securities in the report shall not be an admission of beneficial ownership for purposes of Section 16 or any other purposes.

Remarks:

<u>/s/ Christopher Marlett by</u> <u>Mark R. Busch, attorney-in-</u> <u>fact</u>

12/27/2018

** 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.