| SEC Form 4 |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| 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).

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

| 1. Name and Address of Reporting Person* Fletcher Aaron G.L. | | | | 2. Issuer Name and Ticker or Trading Symbol Cue Biopharma, Inc. [CUE] | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|---|--|--|---|--|--|--|-----------------------------|--|------|--------------------|--|--|---|--|---------------------------------------|--|---|
| (Last) C/O CUI | (F E BIOPHA | irst) RMA INC. | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2023 | | | | | | | | - | (give title | | Other (s below) | | |
| 40 GUEST STREET (Street) BOSTON MA 02135 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (9 | State) | (Zip) | | | | | | <u> </u> | | | | | | | | | |
| | | Ta | ble I - Nor | n-Deriv | ative | e Se | curities | Acc | quired, | Dis | posed of | f, or Ber | eficiall | y Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | saction /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Code (Instr. | | | | | 5. Amour Securities Beneficia Owned Fe | es Form ally (D) (Following (I) (I | | : Direct I Indirect I str. 4) (| 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti | Reported Transaction(s) (Instr. 3 and 4) | | | Instr. 4) |
| 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 D if any (Month/Day/ | ate, Tra Co | unsaction de (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable a Expiration Date (Month/Day/Year) | | te | of Securit Underlyir | g Security | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) |
| | | | | Co | ode | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 1011(5) | | |

(2)

Explanation of Responses:

\$2.66

1. Represents a stock option award granted pursuant to the Issuer's Director Compensation Policy.

01/03/2023

2. This option was granted on January 3, 2023. The shares underlying the option are scheduled to vest in full on the anniversary date of the grant date.

A

Remarks:

Stock Option (right to

buy)



Commo Stock

01/02/2033

** Signature of Reporting Person

10,000

01/05/2023

10,000

D

Date

\$0.00

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.

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