FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

	1011 10.																
1. Name ar	nd Address o	Reporting Person*						ker or Trad					Relationship o		Perso	on(s) to Issue	er
Jones William Benton			<u>C</u>	Corvus Pharmaceuticals, Inc. [CRVS]					[((Check all applicable) Director 10% Owner							
				_									give title		Other (s		
(Last)	(F	First)	(Middle)	3.	Date of Earliest Transaction (Month/Day/Year)							below) below)			.		
C/O CORVUS PHARMACEUTICALS, INC.					12/20/2024						See Remarks						
· ·																	
863 MITTEN ROAD, SUITE 102				-	A If A considerable Date of Original Filed (March / Da. Africa)							C. Individual on Init/Onessa Filing (Charle As Park)					
				— ^{4.}	. IT AM	endment, Date of Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	CANE C		0.401.0										Form fi	led by One	Repor	rting Person	
BUKLIN	IGAME C	A	94010										— Form fi	led by More	e than	One Report	ing
				-									Person				
(City)	(8	State)	(Zip)														
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of S	1. Title of Security (Instr. 3) 2. Transaction 3.																
Date				Execution Date ()ay/Year) if any			e, Transaction Disposed Of (D) (Inst			str. 3, 4 and	5) Securitie Beneficia				ndirect Beneficial		
					(Month/Day/Yea							Owned F Reported	ollowing (i) (In	(I) (Ins	ıstr. 4) C	Ownership	
							Code	v	Amount	(A) o	r Price	Transacti	Transaction(s)		Ι'	Instr. 4)	
								Code	<u> </u>	V Amount (D)		11100	(Instr. 3 and 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																
			(e.g	., puts	s, cal	ls, warr	ants	s, option	s, c	onverti	ble secu	urities)					
				4.	5. Number of Derivative Securities			6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amoon of Securities Underlying				8. Price of	9. Number		10.	11. Nature	
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any											Derivative Security	derivative Securities		Form: Beneficia	of Indirect Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/Year)	8)	Acquired (A) or Disposed			Derivative Secur (Instr. 3 and 4)				(Instr. 5)	Beneficially Owned	lly		Ownership (Instr. 4)	
	Security					of (D) (In	str.	(111541. 0 4114 4)			,		Following Reported	۱ ا	(I) (Instr. 4)	(
					3, 4 and 5)							-	Transaction(s)	on(s)			
												Amount		(Instr. 4)			
				Code	l _v	(A)	(D)	Date Exercisab		xpiration ate	Title	Number of Shares					
Stock				1 340	<u> </u>	(7	(3)					31 31141 01					
Option	\$ 4.99	12/20/2024		A		300,000		(1)	- ,	2/20/2034	Common	300,000	\$0	300,00	, I	D	
(Right to Buy)	Ψτ.//	12/20/2024		A		300,000			Ι,	2,20,2034	Stock] 500,000	, Ψ ₀] 300,00	·	, ,	
245)			I	1	I	I	1		- 1		I	1	1	I	- 1		1

Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 1/36th of the shares subject to the option in successive, equal monthly installments measured from December 20, 2024, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.

Remarks:

SVP, Pharmaceutical Development

/s/ Leiv Lea, as Attorney-in-

Fact for William Benton Jones, 12/20/2024

Ph.D.

** 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.