## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

0.5

hours per response:

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

Name and Address of Reporting Person*     Arcara Jeffrey					2. Issuer Name and Ticker or Trading Symbol  Corvus Pharmaceuticals, Inc. [ CRVS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
													give title		(specify	
(Last) (First) (Middle)				3.	Date of Earliest Transaction (Month/Day/Year)							below)		below		
C/O CORVUS PHARMACEUTICALS, INC.					12/20/2024							Chief Business Officer				
863 MITTEN ROAD, SUITE 102																
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
(Street)								Ü	•	, ,	Lin	e)	•	•		
BURLIN	IGAME (	CA	94010										,	Reporting Pers		
,												Form f Persor		than One Rep	orting	
(City)	(	State)	(Zip)													
		Tak	ole I - Non-D	Orivatio	, Sa	curitios	. Δc	auired Di	enosed o	of or Bo	noficial	ly Owned	1			
								<del>-</del>	<u> </u>	-		<del>-</del>			I	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				ate	Execution Date,			Code (Instr. 5)				4 and Securities		Form: Direct	7. Nature of Indirect	
				lonth/Day/\									ollowing	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
								Code V	Amount	(A) or	Price	Reported Transact			(Instr. 4)	
								Code V	Alliount	(D)	File	(Instr. 3	and 4)			
		•	Table II - De					,			,	Owned				
			(e.	g., puts	, call	s, warr	ants	, options,	converti	ble secu	rities)					
1. Title of	2.	3. Transaction	3A. Deemed	4.	4	5. Number		6. Date Exercisable and 7. Title and A				8. Price of			11. Nature	
Derivative Security	Conversion or Exercise		Execution Date if any	Code	action of (Instr. Derivative		Expiration Date   of Securities   (Month/Day/Year)   Underlying			g	Derivative Security	derivative Securities	Ownershi Form:	Beneficial		
(Instr. 3)	Price of Derivative		(Month/Day/Yea	ar)   8)		Securities Acquired		Derivative Se (Instr. 3 and 4				(Instr. 5)	Beneficially Owned	y Direct (D) or Indirect		
	Security					(A) or Disposed		l l'					Following Reported	(I) (Instr. 4	1)	
						of (D) (Instr. 3, 4 and 5)							Transaction (Instr. 4)	n(s)		
				-		0, 4 uno	. u,				Amount	1	(111541. 4)			
											or					
					l.,	<b> </b>		Date	Expiration		Number of					
				Code	V	(A)	(D)	Exercisable	Date	Title	Shares					
Stock Option	\$4.99	12/20/2024				50,000		(1)	12/20/2034	Common	50.000	\$0	50.000	D		
(Right to	<b>Φ</b> 4.99	12/20/2024	l	A		30,000		(")	12/20/2034	Stock	30,000	<b>→</b> 0	30,000	u		

## 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.

/s/ Leiv Lea, as Attorney-in-Fact for Jeffrey Arcara

12/20/2024

\*\* 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.