FORM 5

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machineton	D C	20540
Vashington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average I	burden						

Form 3	Holdings Repo	0111121101 III										hou	hours per response:				
X Form 4	Transactions R	eported.	File	ed pursuant to or Sectior					ities Excha ompany Ac								
1. Name and Address of Reporting Person* <u>LEA LEIV</u>					2. Issuer Name and Ticker or Trading Symbol Corvus Pharmaceuticals, Inc. [CRVS]							5. Relationship of I (Check all applicate Director			able)		Owner
		st) (I RMACEUTICA), SUITE 102	Middle) LS, INC.	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						Year)	X Officer (give title below) Other (special below) Chief Financial Officer						
(Street) BURLIN	GAME CA	. 9	04010	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X	,				
(City)	(Sta		Zip)	vative Sec	uritia		auire	ad Die	enoced (of or	Renefici	ally	Owne	vd			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		ed, Disposed of, or Benefi 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amou Securiti Benefic		nt of	6. Ownership Form: Direct (D) or	ership 1: Direct	7. Nature of Indirect Beneficial Ownership		
				, , , , , ,		,		Amour	ıt	(A) or (D)	Price		Issuer's			ect (I)	(Instr. 4)
Common	Stock, \$0.00	001 par value	08/25/2016			G.	4	48	,000	D	\$0.00	\$0.00 151,253 ⁽¹⁾ I By Trust ⁽²⁾				By Trust ⁽²⁾	
Common Stock, \$0.0001 par value 08/25			08/25/2016			G4		2,	047	D	\$0.00		149,206(1)			I	By Trust ⁽²⁾
		Та	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned				
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)	of Deriv Secu Acqu (A) o Dispe	erivative curities quired (Moni sposed (D) str. 3, 4 d 5)		ate Exercisable and ration Date hth/Day/Year) Expiration cisable Date		Deriv Secur and 4	int of rities rlying ative rity (Instr. 3	De	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Own Signature of the control of the	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. A portion of these shares is subject to a right of repurchase held by the Issuer.
- 2. These shares are held by Leiv Lea and Deborah Karlson, Trustees of the Karlson Lea Family Trust UTA dated February 11, 1998 (the "Karlson Lea Trust"). Mr. Lea has shared voting, investment and dispositive power over the shares held by the Karlson Lea Trust.

Remarks:

<u>/s/ Leiv Lea</u> <u>02/10/2017</u>

** 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.