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

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* ADAMS STREET PARTNERS LLC					2. Issuer Name and Ticker or Trading Symbol Corvus Pharmaceuticals, Inc. [CRVS]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner				
(Last) (First) (Middle) ONE NORTH WACKER, SUITE 2200					3. Date of Earliest Transaction (Month/Day/Year) 03/22/2016									cer (give title ow)		Other below)	(specify
(Street) CHICAC) IL 60606 (State) (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	ble I - Non-De	rivati	ve Se	ecuritie	es A	cquired, D	ispos	ed	of, or Be	enefici	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				•	Execution Date,			Code (In 8)	str. Dis	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Amount (A) or (D)			nd 5) Second Ben Owr Rep	Beneficially Owned Following Reported		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (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)	rivative Conversion Date Executity or Exercise (Month/Day/Year) if an			4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		nd	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivativ Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (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	Expirati Date	ion	Title	Amount or Number of Shares					
Stock Option (Right to Buy)	\$15	03/22/2016		A		30,000		(1)	03/22/20	026	Common Stock	30,000	\$0.00	30,000		I	See Footnotes ⁽²⁾⁽³⁾

Explanation of Responses:

- 1. The underlying shares subject to the option vest and become exercisable as to one-third (1/3rd) of the shares subject to the option on each annual anniversary measured from March 22, 2016, subject to Reporting Person's continued service relationship with the Issuer on each such vesting date.
- 2. This option was granted to Elisha P. Gould, a director of Corvus Pharmaceuticals, Inc. who is a partner of Adams Street Partners, LLC. Adams Street Partners, LLC is the managing member of the general partner of the general partners of each of Adams Street 2011 Direct Fund LP, Adams Street 2012 Direct Fund LP, Adams Street 2013 Direct Fund LP and Adams Street 2014 Direct Fund LP (such funds collectively, the "Funds"). By agreement with the Funds, Mr. Gould is deemed to hold the option for the benefit of the Funds. (Continued in Footnote 3)
- 3. The option may be deemed to be indirectly beneficially owned by Adams Street Partners, LLC. Adams Street Partners, LLC and Thomas S. Bremner, Jeffrey T. Diehl, Elisha P. Gould, Robin Murray, David S. Welsh and Michael R. Zappert, each of whom is a partner of Adams Street Partners, LLC (or a subsidiary thereof), disclaim beneficial ownership of the option except to the extent of their pecuniary interest therein.

/s/ Sara Robinson Dasse 03/24/2016

** Signature of Reporting Person

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.