FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

VVa3/iii/gto/1, D.O. 20043

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| ı | OMB APPRO | OVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
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| ı | hours per recogness: | 0.5 |

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

| Name and Address of Reporting Person* Grais Linda S | | | 2. Issuer Name and Ticker or Trading Symbol Corvus Pharmaceuticals, Inc. [CRVS] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|--|---|------------|---|----|---|--|--|--------|--|---|----|--|---|---|------------|---|--|---------------------------------------|
| | | | | | | | | | | | | X Dii | ector | r 10% Owner | | vner | | |
| (Last) | ` | First) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 06/20/2019 | | | | | | | | | icer (give ow) | e title | Other (sbelow) | specify | |
| 863 MITTEN ROAD, SUITE 102 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | GAME (| ČA. | 94010 | | | | | | Ü | ` | | , | Lir | e) <mark>X</mark> Fo Fo | rm filed b | oy One Rep | oorting Perso | n |
| (City) | (; | State) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transar Date (Month/Date) | | | Execution Date, | | Code (Ins | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) | | | ed (A) or tr. 3, 4 and | 5. Amour 4 and Securitie Beneficia Owned F | | For (D) | rm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code V | Amou | nt (A) or Pr | | Price | Tran | saction(s r. 3 and 4 | s) 1) | | (111311. 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 | | 3A. Deemed Execution Day if any (Month/Day/ | Co | ansac ode (In | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/\ | ite | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | Derivative Security | | Number of ivative curities neficially ned lowing ported nsaction(s) str. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) |
| | | | | Co | ode ' | v | (A) | (D) | Date Exercisable | Expiratio Date | | Title | Amount or Number of Shares | | | | | |
| Stock Option (Right to Buy) | \$3.61 | 06/20/2019 | | I | A | | 15,000 | | (1) | 06/20/202 | 29 | Common Stock | 15,000 | \$0.0 |) | 15,000 | D | |

Explanation of Responses:

1. The underlying shares subject to the option vest and become exercisable as to 100% of the total number of shares subject to the option on the earlier of (i) the first anniversary of the grant date or (ii) the date of the 2020 Annual Meeting of the Issuer's stockholders, assuming continuous service as a director until such vesting date.

Remarks:

/s/ Leiv Lea, as Attorney-in-Fact for Linda S. Grais

06/24/2019

** 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.