

SECURITIES AND EXCHANGE COMMISSION

FORM 3

Filing Date: **2020-06-23** | Period of Report: **2020-06-17**
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REPORTING OWNER

Ferneau Philip

CIK: **1814202**

Type: **3** | Act: **34** | File No.: **000-55939** | Film No.: **20983667**

Mailing Address
10 ALLEN STREET
HANOVER NH 03755

ISSUER

Compass Therapeutics, Inc.

CIK: **1738021** | IRS No.: **000000000** | State of Incorporation: **DE** | Fiscal Year End: **1231**
SIC: **6770** Blank checks

Mailing Address
245 FIRST STREET, 3RD
FLOOR
CAMBRIDGE MA 02142

Business Address
245 FIRST STREET, 3RD
FLOOR
CAMBRIDGE MA 02142
617-500-8099

FORM 3**UNITED STATES SECURITIES AND
EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL
OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section
 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the
 Investment Company Act of 1940

1. Name and Address of Reporting Person Ferneau Philip	2. Date of Event Requiring Statement (Month/Day/Year) 06/17/2020	3. Issuer Name and Ticker or Trading Symbol Compass Therapeutics, Inc. [NONE]	
(Last) (First) (Middle) C/O COMPASS THERAPEUTICS, INC., 245 FIRST STREET, 3RD FLOOR		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below)	5. If Amendment, Date Original Filed (Month/Day/Year)
(Street) CAMBRIDGE,, MA 02142			6. Individual or Joint/Group Filing (Check applicable line) <input checked="" type="checkbox"/> Form Filed by One Reporting Person <input type="checkbox"/> Form Filed by More than One Reporting Person
(City) (State) (Zip)			

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,284,910	I	See Footnote ⁽¹⁾
Common Stock	150,280	I	See Footnote ⁽²⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

- These shares are held directly by Borealis Granite Fund, L.P. Borealis Capital Partners III, LLC is the general partner of Borealis Granite Fund, L.P. The Reporting Person is a member of the board of directors, and is a managing partner of Borealis Ventures. Voting and investment decisions with respect to the securities held by Borealis Granite Fund, L.P. are made by a committee of three or more individuals, none of whom individually has the power to direct such decisions. The Reporting Person disclaims beneficial ownership of the shares held by Borealis Granite Fund, L.P., except to the extent of any actual pecuniary interest.
- These shares are held directly by Vox Health Fund, L.P. Borealis Capital Partners IV, LLC is the general partner of Vox Health Fund, L.P. Philip Ferneau, a member of the board of directors, and a managing partner of Borealis Ventures. Mr. Ferneau holds a majority ownership interest in Borealis Capital Partners IV, LLC and is the designated manager with voting and investment power over the shares held by Vox Health Fund, L.P.

Signatures

/s/ Philip Ferneau

** Signature of Reporting Person

06/23/2020

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.