FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | | |
| hours per response | e: 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

| 1. Name and Address of Reporting Person* HO WILLIAM | | | | | 2. Issuer Name and Ticker or Trading Symbol RAPT Therapeutics, Inc. [RAPT] | | | | | | | | | k all app Direc | , | | rson(s) to Is 10% Over (see the content of the con | wner | |
|--|--|---------|------|---|--|---|-------------------------|---|---------------------|----------|--|----------------------------|---|---|--|-----------|--|---------------------------------------|--|
| (Last) (First) (Middle) C/O RAPT THERAPEUTICS, INC., 561 ECCLES AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/15/2021 | | | | | | | | | below (| Chief Med | dical (| below) Officer | |
| (Street) SOUTH SAN FRANCISCO CA 94080 | | | | | 4. If <i>I</i> | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Pri | | rice | Transa | insaction(s) str. 3 and 4) | | | (| |
| Common Stock 01/15/20 | | | | | 2021 | | S ⁽¹⁾ | | 169 | 169 D \$ | | 21.05 | 5 68,245 | | | D | | | |
| Common Stock 01/15/2 | | | | | 2021 | | S ⁽¹⁾ | | 831 | 1 D \$ | | 21.05 | 67,414 | | D | | | | |
| | 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) | erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable ar Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Amount or Number of Shares | | oer | | | | | |

Explanation of Responses:

1. These sales were effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.

Remarks:

/s/ Karen C. Lam, Attorney-in-01/15/2021 Fact for William Ho

** 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.