| SEC For | m 4 | | | | | | | | | | | | | | | | | |
|---|---|-----|--|--|--|--|-------|--|-------------------------------|--|--|---------|--|--------------------------------|--------------|--|--|--|
| FORM 4 | | | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | OMB APPROVAL | | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | A pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | SHIP | Estim | Number ated ave per resp | erage burde | 3235-0287 n 0.5 | | |
| 1. Name and Address of Reporting Person [*] GRAY MARY ANN | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>RAPT Therapeutics, Inc.</u> [RAPT] | | | | | | | | eck all appli X Directo | cable) | , 10% (| | ssuer Dwner (specify | |
| (Last) (First) (Middle) C/O RAPT THERAPEUTICS, INC. 561 ECCLES AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/31/2022 | | | | | | | | below) below) | | | | | |
| (Street) SOUTH SAN FRANCISCO | | | 94080 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | (Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriva | ative Se | ecurities Ac | cqui | ired, Di | spose | d of, | , or Ben | eficial | ly Owned | I | | | | |
| Date | | | | 2. Transa Date (Month/D | | 2A. Deemed Execution Date if any (Month/Day/Yea | ar) 8 | 3. Transactic Code (Inst 8) | saction Dispose (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 a | | Benefici | es ally Following d | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code V | Amo | unt | (D) | Price | | Instr. 3 and 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) | | Execution Date, 1 if any | | I. Fransactior Code (Instr 3) | | Exp | ate Exerci iration Da nth/Day/Ye | е | d 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Date Exercisable

(1)

1. The shares subject to be option vest in four equal quarterly installments on the last day of each fiscal quarter in 2022 with the first installment vesting on March 31, 2022, provided that the reporting person is in service as a director on each such vesting date.

Expiration Date

03/30/2032

Title

Commor

Stock

2. This option was issued to the reporting person pursuant to the Issuer's Amended and Restated Non-Employee Director Compensation Policy in lieu of an annual cash retainers for service on the Board of Directors and committees thereof in the aggregate amount of \$65,000.

Stock Option

(right to buy) \$21.99

Explanation of Responses:

/s/ Rodney Young, Attorney-in-Fact for Mary Ann Gray

\$16.8⁽²⁾

3,868

D

** Signature of Reporting Person Date

Amount or Number

of Shares

3,868

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).

03/31/2022

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

Α

(A)

3,868

(D)

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.