FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANG
Instruction 1(b).	Filed nursuant to Section 1

GES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response	: 0.5						

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 (Last) (First) (Middle) C/O RAPT THERAPEUTICS, INC., 561 ECCLES AVENUE															k all app Direc Office	tor er (give title		10% Ov Other (s	vner	
					3. Date of Earliest Transaction (Month/Day/Year) 11/02/2022										below) below) Chief Medical Officer					
(Street) SOUTH FRANCI	SCO C.		24080 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	′					
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	icially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired (A. Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef		cially Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Pri	ice	Transa	action(s) 3 and 4)			(111341. 4)	
Common Stock 11/02/2					2022				S ⁽¹⁾		5,000	D	\$2	22.32	2 47,650			D		
		Tal	ble II -								osed of, convertib				Owne	d				
Derivative Conversion Date E Security or Exercise (Month/Day/Year) if		if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Ov Fo Dii or (I)	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Shares	er						

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Reporting Person.

Remarks:

/s/ Rodney Young, Attorneyin-Fact for William Ho

11/03/2022

** 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.