FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	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* Grissinger Michael					2. Issuer Name and Ticker or Trading Symbol Aprea Therapeutics, Inc. [APRE]							(CI	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Orissinger whender</u>				<u> </u>									Director	or		10% Ow	/ner		
(Last)	(Fi	rst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) $06/20/2024$								Officer below)	(give title		Other (s below)	pecify	
3805 OLD EASTON ROAD				4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														▼ Form filed by One Reporting Person					
l ` ′	STOWN PA	A	18902											Form Perso		e thar	n One Repoi	rting	
(City) (State) (Zip)				Rı	Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Code (Instr. 5)				Benefici Owned	es Formially (D) (I) (I)		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	t (A) or (D)		Reporte Transac (Instr. 3	ction(s)			Instr. 4)	
Common Stock 06/20/2				0/2024	2024		A		1,045	1,045 ⁽¹⁾ A		0 1,	1,844		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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year		4. Transactic Code (Ins 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		expiration Date	Title	Amount or Number of Shares						
Stock Options (Right to Buy)	\$4.07	06/20/2024			A		4,185		(2)	0	6/20/2034	Common Stock	4,185	\$0.00	4,185		D		

- 1. These shares represent restricted stock units which were granted on June 20, 2024, and which will vest and be settled in common stock on June 20, 2025, subject to the reporting person's continued service on the Issuer's board of directors through and including the applicable vesting date and subject to acceleration under certain conditions.
- 2. The option vests in full on June 20, 2025, subject to the reporting person's continued service on the Issuer's board of directors through and including the applicable vesting date and subject to acceleration under certain conditions.

/s/ John Hamill, as Attorney-in-06/21/2024

Fact

** 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.