FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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neck this box if no longer subject
Section 16. Form 4 or Form 5
ligations may continue. See
-t 4 (l-)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* Attar Eyal C.						2. Issuer Name and Ticker or Trading Symbol Aprea Therapeutics, Inc. [APRE]									tionship of Reporting all applicable) Director Officer (give title		ng Person(s) to Iss 10% Own Other (sp		wner	
(Last) 535 BOY	(Last) (First) (Middle) 535 BOYLSTON STREET							3. Date of Earliest Transaction (Month/Day/Year) 02/28/2022									below) below) SVP, Chief Medical Officer			
(Street) BOSTON (City)	N MA		2116 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	Form Form	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
D				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			1 and Securiti Benefic Owned		ties cially I Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) or (D)	Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock				02/28/2022				S ⁽¹⁾		36,000	D	\$1	.73 ⁽²⁾	47,000			D			
Common Stock															172				By adult child ⁽³⁾	
Common Stock															159				By child ⁽³⁾	
	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)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)		vative vities vired r osed) r. 3, 4	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sed (Ins	rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	Code V		(D)	Date Exercisable		Expiration Date		Amour or Numbe of Shares	er						

Explanation of Responses:

- $1. \ The sales \ reported in this Form \ 4 were \ effected \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ adopted \ by \ the \ reporting \ person.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.66 to \$1.77 inclusive. The reporting person undertakes to provide Aprea Therapeutics, Inc., any security holder of Aprea Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote
- 3. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, or for any other purpose.

/s/ Scott M. Coiante, attorney-

03/01/2022

Date

in-fact

** Signature of Reporting Person

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.