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									
- 1	hours per respense:	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*  HENNEMAN JOHN B III					<u>A</u> p	Issuer Name and Ticker or Trading Symbol     Aprea Therapeutics, Inc. [ APRE ]      Date of Earliest Transaction (Month/Day/Year)     06/20/2024									ck all appli	cable) or (give title	g Pers	son(s) to Iss 10% Ov Other (s below)	vner
(Last) (First) (Middle) 3805 OLD EASTON ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DOYLESTOWN PA 18902														Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Ru	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,		, Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an				es For ially (D) Following (I) (		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D) Pr		rice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 06/20/2					/2024		A		1,045	1,045 <sup>(1)</sup> A		\$0.00	9,184			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. Deeme Execution if any (Month/Da	Date,	i. Transaction Code (Instr.				6. Date Exercisab Expiration Date (Month/Day/Year)			Amount Securitie Underlyi Derivativ	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		expiration Date	Title	Amo or Nun of Sha	.					
Stock Options (Right to Buy)	\$4.07	06/20/2024			A		4,185		(2)	O	6/20/2034	Commor Stock	4,1	.85	\$0.00	4,185		D	

## **Explanation of Responses:**

- 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-

**Fact** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.