Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

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Name and Address of Reporting Person*     Coiante Scott M						2. Issuer Name and Ticker or Trading Symbol Aprea Therapeutics, Inc. [ APRE ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
					- 1 - '											Directo			10% Ov	-		
						Date of Earliest Transaction (Month/Day/Year)									⊢ :		(give title		Other (s	pecify		
(Last)	(F	irst)	(Middle)					Tran	isaci	tion (Mo	nth/	Day/Year)				below)			below)			
535 BOYLSTON STREET					103	03/24/2020									SVP, Chief Financial Officer							
555 BOTESTON STREET																						
					- 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ir	6. Individual or Joint/Group Filing (Check Applicable							
(Street)																Line)						
BOSTO	N M	ΙA	02116													X Form filed by One Reporting Person						
,					-											Form filed by More than One Reporting						
(City)	(9	tate)	(Zip)													Persor	1					
(City)	(5	tate)	(Διρ)																			
		Tab	le I - Non	-Deriv	vativ	e Se	curities	s Ac	qu	ıired, I	Dis	posed o	f, or	Ben	eficiall	y Owned						
1. Title of S	Security (Ins	tr. 3)		2. Trans	saction		2A. Deem		П	3.		4. Securi				5. Amou	nt of 6. Ow			7. Nature		
				Date (Month/	/Day/Ye	ay/Year)   Execution Date,				Transaction Disposed Of (D) (Instr. 3, 4) Code (Instr. 5)				. 3, 4 and	Securitie Beneficia				of Indirect Beneficial			
(Montune							(Month/Day/Year)									Owned F	ollowing   (l) (Ir		str. 4) O	Ownership		
									ľ				1	A) or	1 .	Reported Transact	on(s)		- 1'	(Instr. 4)		
							Code	٧	Amount (A) of P		Price	(Instr. 3										
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
												osea or, converti				Owned						
			, ,	e.g., p	Juis,	Can	s, waii	ants	s, c	puon	s, c	Oliveiu	טוכ ס	CCUI	illes)							
1. Title of	2.	3. Transaction	3A. Deemed Execution Dat if any	Date, Tra			5. Number				Exercisable and		7. Title and Amo			8. Price of	9. Number of		10.	11. Nature		
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)			Fransaction Code (Instr.					Expiration Date (Month/Day/Year)				curitie	S	Derivative Security	derivative Securities		Ownership Form:	of Indirect Beneficial		
(Instr. 3)	Instr. 3) Price of (Month/Day/Year) 8) Securitie						Securities Derivative Sec								(Instr. 5)	Beneficially		Direct (D) Ownersh				
	Derivative Security						ed		(Instr. 3 and 4)							Owned	Owned Following		(Instr. 4)			
	Security						ed									Reported Transaction(s) (Instr. 4)		(I) (Instr. 4)				
							nstr. I 5)															
			Ι ,	┢	<del> </del>							(										
															Amount or							
			l				1		_		Ι.				Number							
					Code	v	(A)	(D)	Da Ex	ate kercisabl		Expiration Date	Title		of Shares							
Stock							1		+		$\dagger$			$\dashv$								
Option	\$35.5	03/24/2020			,		55,000			(1)	- [ ,	03/24/2030	Comr	mon	EE 000	\$0	EE 004	0	D			
(right to	\$55.5	03/24/2020			A		55,000			(1)	- ['	J3/24/2030	Sto	ck	55,000	⊅0	55,000	U	l D			
Buy)						1	1	1				1	- 1		1			1	1			

## **Explanation of Responses:**

1. Twenty-five percent of these options vest on March 24, 2021, with the remaining options vesting ratably over the following 36 months, subject to the reporting person's continued employment through and including the applicable vesting date and subject to acceleration under certain conditions.

/s/ Scott M. Coiante

03/26/2020

\*\* 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.