

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

1. Name and Address of Reporting Person* <u>DEPTULA-HICKS DARLENE M</u> (Last) (First) (Middle) <u>C/O F-STAR THERAPEUTICS, INC.</u> <u>EDDEVA B920, BABRAHAM RESEARCH CAMPUS</u> (Street) <u>CAMBRIDGE X0 CB22 3AT</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>F-star Therapeutics, Inc. [FSTX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Treasurer and CFO</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>11/20/2020</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Option (right to buy)	\$16.62	11/20/2020		A		28,426 ⁽¹⁾		(2)	05/01/2029	Common Stock	28,426	\$0.00	28,426	D	
Restricted Stock Units	(3)	11/20/2020		A		26,437 ⁽¹⁾		(4)	(4)	Common Stock	26,437	\$0.00	26,437	D	

Explanation of Responses:

- This option was issued in replacement of an option to purchase shares of F-star Therapeutics Limited.
- 28% of the options shall vest on the first anniversary of the commencement of employment of the option holder and 2% on the last day of each month subsequent to such first anniversary until the option is fully vested on the fourth anniversary from commencement of employment.
- Each restricted stock unit represents a contingent right to receive one share of common stock.
- Twenty-five per cent (25%) of the total number of Shares under Award shall vest on the first anniversary of the Vesting Commencement Date, July 1, 2020, and two and one twelfth per cent (2.083%) of the total number of Shares under Award shall vest monthly thereafter, provided in each case that the Participant remains a Service Provider continuously from the Vesting Commencement Date to the relevant date.

Remarks:

/s/ Darlene Deptula-Hicks 11/24/2020
 ** 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.