

RAPT THERAPEUTICS, INC.

Reported by ROBBINS WENDYE

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 04/02/25 for the Period Ending 03/31/25

Address 561 ECCLES AVENUE

SOUTH SAN FRANCISCO, CA, 94080

Telephone (650) 489-9000

CIK 0001673772

Symbol RAPT

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31



FORM 4

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

☐ 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.

OMB APPROVAL
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *				2. I	2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Robbins Wendye				RA	RAPT Therapeutics, Inc. [RAPT]								911011010)	100	/ 0		
(Last	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)							X_ Director Officer (gi	X_ Director10% OwnerOfficer (give title below)Other (specify below)				
C/O RAPT THERAPEUTICS, INC., 561 ECCLES AVENUE					3/31/2025												
	(Str	eet)		4. I	f An	nendmen	it, Date C	Prigin	al Fi	led (MM/D	D/YYYY	6. Individual	or Joint/G	roup Filing	(Check Appl	icable Line)	
SOUTH SAN FRANCISCO, CA 94080 (City) (State) (Zip)				80									X _ Form filed by One Reporting Person Form filed by More than One Reporting Person				
			Table I - 1	Non-Der	ivat	ive Secu	rities Ac	quire	ed, D	isposed o	of, or Be	neficially Owne	ed		_	_	
1. Title of Security (Instr. 3) 2. Trans. I						3. Trans. Code (Instr. 8)		or Disposed of (D)		nstr. 3 and 4) For Dir			Ownership Form: Direct (D)	ct (D) Ownership			
							Code	v	Amo	(A) o	r Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
	Tal	ole II - Der	ivative Se	curities l	Bene	eficially	Owned (e.g.,	puts,	, calls, wa	arrants,	options, conver	tible secu	ırities)			
Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	d 4. Trans. Code (Instr. 8)		5. Number Derivative Acquired (Disposed of (Instr. 3, 4	Securities (A) or of (D)		nd Expiration Date		Securities	nd Amount of S Underlying e Security nd 4)	8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficially Owned	Ownership Form of Derivative Security:	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)		
Director Stock Option (right to buy)	\$1.22	3/31/2025		A		49,43	32	((1)	3/30/2035	Commo Stock	49,432	\$1.0621 (2)	49,432	D		

Explanation of Responses:

- (1) The shares subject to the option vest in four equal quarterly installments on the last day of each fiscal quarter in 2025 with the first installment vesting on March 31, 2025, provided that the reporting person is in service as a director on the first day of the fiscal quarter of the applicable scheduled vesting date.
- (2) This option was issued to the reporting person pursuant to the Issuer's Amended and Restated Non-Employee Director Compensation Policy in lieu of an annual cash retainers for service on the Board of Directors and committees thereof in the aggregate amount of \$52,500.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Ivame / Address	Director	10% Owner	Officer	Other			
Robbins Wendye							
C/O RAPT THERAPEUTICS, INC.	X						
561 ECCLES AVENUE							
SOUTH SAN FRANCISCO, CA 94080							

Signatures

/s/ Rodney Young, Attorney-in-Fact

4/2/2025

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 control number.