Corvus Pharmaceuticals, Inc.

value

Form 5 February 10, 2017

February 10,	2017											
FORM	5							OMB AI	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISS							OMMISSION	OMB Number:	3235-0362			
Check this no longer s		W	Washington, D.C. 20549 'ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires:	January 31, 2005			
to Section Form 4 or 1 5 obligation may contin	Form ANN ns							Estimated average burden hours per response 1.				
See Instruc 1(b). Form 3 Ho Reported Form 4 Transaction Reported	Filed purs ldings Section 17(a			ng Compa	ny A	ct of 1	1935 or Section	n				
1. Name and Address of Reporting Person * MILLER RICHARD A MD			2. Issuer Name and Ticker or Trading Symbol Corvus Pharmaceuticals, Inc. [CRVS]				5. Relationship of Reporting Person(s) to Issuer					
							(Check all applicable)					
(Last)	(First) (M	(Month	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016				X Director 10% Owner X Officer (give title Other (specify below) President and CEO					
	JS EUTICALS, INC DAD, SUITE 102						FIES	ident and CEO				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				6. Individual or Joint/Group Reporting (check applicable line)					
	^ ^											
BURLINGA	ME, CA 940	10	<u> </u>					X_ Form Filed by One Reporting Person Form Filed by More than One Reporting erson				
(City)	(State)	(Zip) Ta	ble I - Non-Der	ivative Sec	uritie	s Acqu	ired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Month/Day/Year) Executive any (Month/Day/Year)		Execution Date, i	on Date, if Transaction Code		sposed and (A)	l of	d 5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Amount	or (D)	Price	(Instr. 3 and 4)					
Common Stock, \$0.0001 par value	10/28/2016	Â	G4	50,000	D	\$0	1,027,293 (1)	I	By Trust			
Common Stock, \$0.0001 par	10/28/2016	Â	G4	50,000	D	\$ 0	977,293 <u>(1)</u>	I	By Trust			

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

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.

SEC 2270 (9-02)

of D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	nt of	Derivative	
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	
	Derivative				Securities			(Instr.	3 and 4)		
	Security				Acquired						
					(A) or						
					Disposed						
					of (D)						
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
							Expiration	Title 1	or		
							Date		Number		
					(A) (B)				of		
					(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MILLER RICHARD A MD C/O CORVUS PHARMACEUTICALS, INC. 863 MITTEN ROAD, SUITE 102 BURLINGAME, CAÂ 94010

 $\hat{A} X \hat{A} \hat{A}$ President and CEO \hat{A}

Signatures

/s/ Leiv Lea, as Attorney-in-Fact for Richard A.
Miller

02/10/2017

**Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) A portion of these shares is subject to a right of repurchase held by the Issuer.
- These shares are held by Richard A. Miller and Sandra J. Horning, Trustees of the Miller-Horning Family Trust u/a/d January 25, 1985

 (2) (the "Miller-Horning Trust"). Dr. Miller has shared voting, investment and dispositive power over the shares held by the Miller Horning Trust.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2