FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person* Silver Brian M.				_ <u>TS</u>	2. Issuer Name and Ticker or Trading Symbol TScan Therapeutics, Inc. [TCRX]									all app	licable) tor er (give title	ng Person(s) to I 10% C Other below)		Owner (specify	
(Last) (First) (Middle) C/O TSCAN THERAPEUTICS, INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/27/2022								(Chief Fina	ncial O	fficer				
830 WINTER STREET				4 15	If Amendment, Date of Original Filed (Month/Day/Year)								O ledicidual en leightOcour Filipp (Obsala A. P. 11						
(Street)	AM M	A 0.	2451	_ 4.	4. II Amendment, Date				e oi Originai Fileo (Mohunzay/Year)					Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Zip)											1 6130) i				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution Date,		Co	Transaction Disposed Of Code (Instr.		Acquired (A) of (D) (Instr. 3, 4 a		and 5) Secui Benet		cially I Following	6. Own Form: (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership		
							Со	ode \	v	Amount	(A) or (D)	Price		Transa	saction(s) r. 3 and 4)			(Instr. 4)	
Voting Common Stock 12/27/20				022	!2		I	P		2,842	A	\$1.504	47 ⁽¹⁾	29,727		I)		
Voting Common Stock 12/28/202			022	22		I	P		3,158	A	\$1.564	51.5646 ⁽²⁾		32,885)			
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) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) 5. Num of Derivat Security (A) or Disposo of (D) (Instr. 3 and 5)				ve (I es d	Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of ivative curity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y Di or (I)). wnership orm: rect (D) r Indirect (Instr. 4)	Beneficial Ownership t (Instr. 4)			
				Code	v	(A) (E		Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These securities were purchased in multiple transactions at prices ranging from \$1.46 to \$1.55, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities Exchange Commission, upon request, full information regarding the number of securities purchased at each separate price within the ranges set forth in footnotes (1) and (2) to this Form 4.
- 2. The price reported in Column 4 is a weighted average price. These securities were purchased in multiple transactions at prices ranging from \$1.55 to \$1.57, inclusive.

Remarks:

/s/ Brian M. Silver

12/29/2022

** 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.