FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
STATEMENT OF CHANGES IN BENEFICIAL CONTENSITIES

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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 ar		2. Issuer Name and Ticker or Trading Symbol TScan Therapeutics, Inc. [TCRX]								5. Relationship (Check all appl X Direct		licable) tor	ng Pei	10% Ov	vner			
(Last) (First) (Middle) C/O TSCAN THERAPEUTICS, INC. 830 WINTER STREET					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2022								X Officer (give title Other (specify below) Chief Executive Officer					specify
(Street) WALTHAM MA 02451 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Table	I - Non-Deriv	ative \$	Secui	rities	Ac	quire	d, Di	sposed o	f, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,					Acquired (A) or (D) (Instr. 3, 4 and 5		5)	5. Amount of Securities Beneficially Owned Following Reported		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		Transa	ection(s) 3 and 4)			(111301. 4)
Voting Common Stock 05/18/202					2			P	П	15,000	A	\$3.622	26(1)	16	.61,569		D	
Voting Common Stock 05/18/202					2			P	П	10,000	A	\$3.548	\$3.5482(2)		171,569		D	
	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)	vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any				ansaction of De Se Ac (A) Dis		osed) r. 3, 4	Expi (Mon	ration [e Exercisable and tion Date n/Day/Year)		e and int of ities rlying ative ity (Instr. 4) Amount or Number	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 Exer	cisable	Expiration Date	Title	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 \$3.379 to \$3.70, 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 this footnote.
- 2. The price reported in Column 4 is a weighted average price. These securities were purchased in multiple transactions at prices ranging from \$3.45 to \$3.55, 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 this footnote.

Remarks:

/s/ David P. Southwell

05/20/2022

** Signature of Reporting Person

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.