FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104

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INITIAL STATEMENT OF 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* ZDRAVESKI ZORAN			Requiring S (Month/Day 09/07/202	Statement y/Year)	TScan Therapeutic]			
(Last) C/O TSCAN	ast) (First) (Middle) /O TSCAN THERAPEUTICS, INC.				4. Relationship of Reporting Issuer (Check all applicable)		,	5. If Amendment, Date of Original Filed (Month/Day/Year)	
830 WINTER STREET			,		Director X Officer (give title below)	10% Owner Other (specify below) Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(Street) WALTHAM MA 02451				Chief Legal (
(City)	(State)	(Zip)							
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Secu	urity (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: E (D) or In (I) (Insti	Direct (4. Nature of Indire Ownership (Instr.	
1. Title of Secu	urity (Instr. 4)) Perivative	Beneficially Owned (Instr.	Form: E (D) or Ir (I) (Instr	Direct of the condinect	Ownership (Instr.	
Title of Secu Title of Deriv	, ,	(e.g.		Derivative Is, warrar cisable and ate	Beneficially Owned (Instr. 4) • Securities Beneficia nts, options, converti	Form: E (D) or Ir (I) (Instr ally Own ible sec ecurities	Direct of the condinect	Ownership (Instr.	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Zoran Zdraveski

09/09/2021

** 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 5 (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.