## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	ourden									
h	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEMENT OF CHANGES IN BENEFICIAL OV					
	Filed pursuant to Section 16(a) of the Securities Exchange Act of 19					

1. Name and Address of Reporting Person* <u>Barton Debora</u>					2. Issuer Name and Ticker or Trading Symbol TScan Therapeutics, Inc. [ TCRX ]								elationship o eck all applio Directo	able) r	g Perso	10% Ow	Owner	
(Last)	,	irst) APEUTICS, IN	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023							below)	cer (give title w) Chief Medica		Other (s below) Officer	pecify	
830 WINTER STREET				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) WALTHAM MA 02451												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	itate)	(Zip)		- Rι Π	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to												
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an		5. Amour Securitie Beneficia Owned F	s Form Illy (D) o ollowing (I) (Ir		Direct of Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount (A) or (D)		or Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
	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)	3A. Deemed Execution Date: if any (Month/Day/Yea	ate, T	Code (Insti				6. Date Exercisable at Expiration Date (Month/Day/Year)			and 7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisable		oiration e	Title	Amount or Number of Shares		(Instr. 4)			
Stock Option (Right to	\$2.49	06/13/2023			A		430,000		(1)	06/1	12/2033	Voting Common Stock	430,000	\$0.00	430,00	0	D	

## **Explanation of Responses:**

1. 220,000 shares subject to this option shall vest and become exercisable with respect to 25% of the shares on the one-year anniversary of May 24, 2023, with the balance vesting thereafter in equal monthly installments over the next 36 months of continuous service to the Issuer. The remaining 210,000 shares subject to this option shall vest and become exercisable with respect to 25% of the shares on February 2, 2025, with the balance vesting thereafter in equal monthly installments over the next 36 months of continuous service to the Issuer, in each case subject to the Reporting Person's continued service at such time. This option was granted on May 24, 2023 subject to the approval of the Issuers' stockholders of an amendment to the TScan Therapeutics, Inc. 2021 Equity Incentive Plan, which was obtained on June 13, 2023.

## Remarks:

/s/ Debora Barton

\*\* Signature of Reporting Person

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

- $^{\star}$  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.