FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	STATEMENT OF	F CHANGES IN	BENEFICIAL	OWNERSHIP
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	OMB APPRO	DVAL
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l	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* McCracken Joseph S					2. Issuer Name and Ticker or Trading Symbol LUMOS PHARMA, INC. [(LUMO)]								(Ch	elationship eck all appli X Directo	cable)	g Pers	son(s) to Iss		
(Last) (First) (Middle) 4200 MARATHON BLVD					3. Date of Earliest Transaction (Month/Day/Year) 04/03/2020									_	(give title		Other (s below)	specify	
SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable											plicable			
(Street) AUSTIN TX 78756													X Form filed by One Reporting Person Form filed by More than One Reporting Person				I		
(City)	(S	tate)	(Zip)																
		Tab	le I - Non	-Deriva	ative	Sec	curitie	s Ac	quired, l	Disp	osed o	of, or	Bene	ficial	ly Owned	i			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Dat		n Date,	Code (I					Benefici Owned F	es Formially (D) Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)		Price	Reported Transact (Instr. 3	tion(s)			Instr. 4)
Common Stock 04/03				3/2020			A		709(709 ⁽¹⁾ A		\$0	709			D			
		Т	able II - I)						uired, Di , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemee Execution I if any (Month/Day	Date, 1	ransaction Code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yeai			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y Ow For Oir Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or No of	umber					
Stock Option (Right to	\$7.78	04/03/2020			A		5,684		(2)	04	4/02/2030	Comm Stock		,684	\$0	5,684		D	

Explanation of Responses:

- 1. Represents shares issued as restricted stock units ("RSUs") under the Issuer's 2010 Non-Employee Director Stock Award Plan (the "Plan") that were received as an award, for no consideration. The RSUs vest in a series of three successive annual installments beginning on April 3, 2021, provided in each case that the Reporting Person's continuous service to the Issuer has not been terminated as defined in or as determined under the Plan.
- 2. Grant to the Reporting Person of a nonstatutory stock option under the Plan. One-third of the shares vest on the one-year anniversary of the grant date and the remaining two-thirds of the shares vest in a series of 24 successive equal monthly installments thereafter, subject to the Reporting Persons's continuous service as of such dates. The option expires ten years after the date of grant, unless it expires sooner pursuant to the terms of the Plan.

Remarks:

Buy)

/s/ Ryan Trytten, attorney-in-

fact

04/07/2020 ** 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.