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

Vashington, D.C. 2	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

Name and Address of Reporting Person*     Cunningham Emmett						2. Issuer Name and Ticker or Trading Symbol LUMOS PHARMA, INC. [ (LUMO) ]									(Ch	Relationsleck all ap	plic	cable)	ig Per	son(s) to Is:	
	ARATHON	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/03/2020										Offi bel		(give title		Other ( below)	specify
SUITE 2  (Street)	.00				4. I	f Ame	ndment,	Date	of Ori	riginal Fi	led	(Month/D	ay/Year)		Line	e)				g (Check Ap	.
AUSTIN	T2	X	78756		_	X Form filed by One Reporting Perso Form filed by More than One Reporting Person															
(City)	(Si	tate)	(Zip)																		
		Tab	le I - Nor	1-Deriv	/ative	Se	curitie	s Ac	cquir	red, D	isp	osed c	of, or I	3ene	eficial	ly Owr	ed	l			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Inst			4. Secur Dispose 5)	urities Acquired (A ed Of (D) (Instr. 3,			Secu Bene Own	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	Trans	Transaction(s) (Instr. 3 and 4)				
Common Stock 04/03/					3/202	/2020				A		709 <sup>(1</sup>	) <sup>(1)</sup> A		\$ <mark>0</mark>		709			D	
		Т	able II -									sed of onverti				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		ate Exerc iration D nth/Day/	ate	r) Amo Sec Und Deri		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price Derivati Security (Instr. 5)	ve	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A) (I		Date Exerc	e rcisable	Ex Da	opiration	Title	OI N Of	umber						
Stock Option (Right to Buy)	\$7.78	04/03/2020			A		5,684			(2)	04	1/02/2030	Commo		5,684	\$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:

/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.