FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF C |
|--|-------------------|
| Section 16. Form 4 or Form 5 obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to |

CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* LOUMEAU ERIC J | | | | | 2. Issuer Name and Ticker or Trading Symbol ANAPTYSBIO, INC [ANAB] | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|--|---|--|-----------------------------|-------------------------------------|---|----------|--|---------------------|---|-----------------|---|---|------------------------|--|---------------------------------------|---|--|
| (Last) | (F APTYSBIC | , | (Middle) | | Date o | | Trans | saction (Montl | h/Day/Year) | | | helow) | | el & Ir | below) | | |
| 10421 PACIFIC CENTER COURT, SUITE 200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6.1 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | EGO C. | A | 92121 | 4. | 4. If Amendment, Date of Origina | | | | ea (Monanto | ду/теаг) | Lin | e) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | 1 | |
| (City) | (S | tate) | (Zip) | | | | | | | | | Persor | l | | | | |
| | | Tab | le I - Non-E | Derivativ | e Se | curities | s Ac | quired, Di | sposed c | of, or Be | neficial | y Owned | | | | | |
| Date | | | | . Transactio Date Month/Day/\ | Execution Date, | | | Code (Ins | Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5) | | | Beneficia Owned F | s ally following | Form: | Direct of Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | Code V | | | | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 a | ion(s) | | | (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 Secution Date Execution Date (Month/Day/Year) (Month/Day/Y | Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | i | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (Right to Buy) | \$49.2 | 08/18/2019 | | A | | 17,500 | | (1) | 08/17/2029 | Common Stock | 17,500 | \$0.00 | 17,500 |) | D | | |

Explanation of Responses:

1. The option vests over a 4 year period: 25% vest and become exercisable on August 18, 2020, after which 1/48th of the total shares vest and become exercisable monthly thereafter, subject to reporting person's continuous service through each vesting date.

Remarks:

/s/Eric Loumeau

08/20/2019

** 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.