| SEC Form 4 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | | | | | | | | | |
|---|---|--|--|-----------|--|----------|------|--|----------------|-------|---|--|--|--|--|--|--|
| | | | | | Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | |
| Section 16. Form 4 or Form 5 obligations may continue. See | | | | | NT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | | | | | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Address of Reporting Person* Klein Lawrence Otto | | | | | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | |
| (Last) | , , , , , , | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023 | | | | | | | | Officer (give title below) | | | | |
| C/O JASPER THERAPEUTICS, INC. 2200 BRIDGE PKWY, SUITE #102 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) REDWC CITY |)OD C. | A | 94065 | | Person | | | | | | | | | | led by More than One Reporting | | |
| (City) | (S | | 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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Dei | ivative | Sec | curities | s Ac | quired, D | ispos | ed o | f, or Be | neficial | ly Owned | d l | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Dat | | | | | Execution | | | , Transaction Disp Code (Instr. 5) | | | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | Benefici Owned F | es ally Following | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Ownership | |
| | | | | | | | | Code | V An | nount | t (A) or Price Reported (D) Price (Instr. 3 a | | tion(s) | | (Instr. 4) | | |
| | | т | able II - Deriv (e.g., | | | | | uired, Dis 5, options | | | | | Owned | | | | |
| 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/Year) | Code (Ins | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | d 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownersh Form: Iy Direct (D) or Indirec (I) (Instr. | D) Beneficial Ownership ect (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expira Date | | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$1.6 | 06/07/2023 | | А | | 47,000 | | 06/07/2024 | 06/07/2 | 2033 | Voting Common Stock | 47,000 | \$0.00 | 47,000 | D | | |

Explanation of Responses:



06/08/2023

** 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.