FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ngton, D.C. 20549	OMB APPROVAL

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NERSHIE I	OMB Number:	3235-0287				
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	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERS

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* <u>LAWLOR AUGUSTINE</u>						2. Issuer Name and Ticker or Trading Symbol CATALYST BIOSCIENCES, INC. [CBIO]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last) (First) (Middle) C/O CATALYST BIOSCIENCES, INC. 611 GATEWAY BLVD., SUITE 710						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2019												Other below	(specify
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				Execution Date, Year) if any		Date,	3. 4. Securities Disposed Of Code (Instr. 8)			s Acquir of (D) (Ins	ed (A) or str. 3, 4 a	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) o	Price	. -	Transact (Instr. 3 a	ction(s)			(Instr. 4)		
Common	Stock			07/01/2	2019				A		2,905(1)	A	\$0.	00	8,051		D		
Common	Stock														69,	69,401 I By HealthCar Ventures VIII, L.P ⁽²⁾			
	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	on Date Exc se (Month/Day/Year) if a	Executi if any			ction nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Numbe of itle Shares						

Explanation of Responses:

- 1. Represents shares of stock received in lieu of fees.
- 2. HealthCare Ventures VIII, L.P. ("HCVVIII") is the registered owner of the securities. The Reporting Person is a managing director of HealthCare Partners VIII, L.P. ("HCPVIII LLC"), the General Partner of HealthCare Partners VIII, L.P. ("HCPVIII"). HCPVIII is the General Partner of HCVVIII. The Reporting Person shares voting and investment power over the shares held by HCVVIII with each of Christopher Mirabelli, James Cavanaugh, John Littlechild and Harold Werner as managing directors of HCPVIII LLC. The Reporting Person disclaims beneficial ownership of those securities in which he does not have a pecuniary interest and this report shall not be deemed an admission that he is the beneficial owner of these securities for purposes of Section 16, except to the extent of his pecuniary interest therein.

Remarks:

/s/ Nassim Usman, Attorneyin-Fact for Augustine Lawlor

07/02/2019

** 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.