FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
SIAILMENT	OI CITAINOLS	IN DENE IOIAL	CVVIVEICOIIII

	OMB APPRO	VAL					
	OMB Number:	3235-0287					
l	Estimated average burden						
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

1. Name and Address of Reporting Person* LAWLOR AUGUSTINE					2. Issuer Name and Ticker or Trading Symbol CATALYST BIOSCIENCES, INC. [CBIO]								S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner Officer (cive title Check (check))					
(Last) (First) (Middle) C/O CATALYST BIOSCIENCES, INC. 611 GATEWAY BLVD., SUITE 710					3. Date of Earliest Transaction (Month/Day/Year) 10/01/2019									Officer (give title Other (specify below) below)				
(Street) SOUTH SAN FRANCISCO CA 94080				- 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					
(City)	(5	•	(Zip)															
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/			tion	on 2A. Deemed Execution Date,		3. 4. Securities		of, or Benefici es Acquired (A) or of (D) (Instr. 3, 4 and		5. An Secu Bene Own	5. Amount of Securities Beneficially Owned Following			7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) o	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 10/01/20				2019)19		A		4,391(1)	A	\$0.	00	12,442		D			
Common Stock													69,401			By HealthCare 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		if any	emed on Date, (Day/Year)		snsaction de (Instr. S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4) Amount or Number of Title Shares		Reported Transact (Instr. 4)		re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	

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, LLC ("HCVVIII") is the registered owner of the securities. 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

10/02/2019

** 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.