FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 |
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| wasiiiiqtoii, | D.C. | 20049 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

| Name and Address of Reporting Person* Huhn Stephen L. | | | | 2. Issuer Name and Ticker or Trading Symbol Contineum Therapeutics, Inc. [CTNM] | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owne V Officer (give title Other (spe | | | | | | |
|--|---|--|--------------------|---|---|--|--------------|--|--------------------|--|-------------------------------------|---|--|---|--|--|
| (Last) | , | irst) ENTER DRIVE, | (Middle) SUITE 200 | | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2024 | | | | | X | below) | below) | Cony | | | |
| (Street) | | | 92121 | [- | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Inc Line) | | | | | | |
| (City) | (S | tate) | (Zip) | | 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. | | | | | | | satisfy | | | | |
| | | Та | ble I - Non- | -Derivat | ive S | curitie | s Ac | quired, D | isposed o | of, or Be | neficially | Owned | | | | |
| Date | | | | 2. Transac Date (Month/Da | Execution Date, | | Code (Instr. | | | 5. Amoun Securities Beneficia Owned Fo | Form (D) or ollowing (I) (In: | | Direct II Indirect E str. 4) | 7. Nature of ndirect Beneficial Dwnership Instr. 4) | | |
| | | | | | | | Code V | Amount | (A) o (D) | r Price | Transaction (Instr. 3 a | tion(s) | | ľ | , | |
| 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 (Month/Day/Year) | Execution Date, | Code | saction (Instr. | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 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 of derivative Securities Beneficially Owned Following Reported | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | |
| Stock Option (right to buy) | \$15.76 | 05/24/2024 | | A | | 100,000 | | (1) | 05/23/2034 | Class A Common Stock | 100,000 | \$0 | 100,000 | 0 | D | |

Explanation of Responses:

1. Options granted under the Issuer's 2024 Equity Incentive Plan. 25% of the option shares vest on April 5, 2025, and the remainder vests in equal monthly installments over the next 36 months thereafter, subject to the Reporting Person's continuous service.

/s/ Peter Slover, Attorney-in-**Fact**

05/29/2024

Date

** Signature of Reporting Person

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.