

OMB APPROVAL	
OMB Number:	3235-0287
Estimated average burden hours per response:	0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>Driscoll Martin J</u> _____ (Last) (First) (Middle) <u>C/O SPRING BANK PHARMACEUTICALS, INC.</u> <u>35 PARKWOOD DRIVE, SUITE 210</u> _____ (Street) <u>HOPKINTON MA 01748</u> _____ (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol <u>Spring Bank Pharmaceuticals, Inc. [SBPH]</u>			5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>President and CEO</u>		
			3. Date of Earliest Transaction (Month/Day/Year) <u>03/05/2020</u>					
			4. If Amendment, Date of Original Filed (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> 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/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		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 Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
<u>Stock Option (Right to Buy)</u>	<u>\$1.41</u>	<u>03/05/2020</u>		<u>A</u>		<u>40,000</u>		<u>(1)</u>	<u>03/04/2030</u>	<u>Common Stock</u>	<u>40,000</u>	<u>\$0.00</u>	<u>40,000</u>	<u>D</u>	
<u>Restricted Stock Units</u>	<u>(2)</u>	<u>03/05/2020</u>		<u>A</u>		<u>40,000</u>		<u>(3)</u>	<u>(3)</u>	<u>Common Stock</u>	<u>40,000</u>	<u>\$0.00</u>	<u>40,000</u>	<u>D</u>	

Explanation of Responses:

- This option was granted on March 5, 2020, with 25% of the shares subject to the option vesting on March 5, 2021 and the remaining 75% of the shares subject to the option vesting in 36 equal monthly installments thereafter.
- Each restricted stock unit represents a contingent right to receive one share of Spring Bank Pharmaceuticals, Inc. common stock.
- The restricted stock units will vest in two installments. Fifty percent will vest on March 5, 2021 and the remaining fifty percent will vest on December 31, 2021.

Remarks:

/s/ Lori Firmani, Attorney-in-Fact 03/09/2020

** 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.