| SEC For | | | | _ | | | _ | | _ | _ | _ | _ | | | | | | | |
|--|---|--|---|---------|--|---|--|---|---|------------------------------|---|--|---|---|---------------------------------------|---|---------------------------------------|--|--|
| FORM 4 UNITED STAT | | | | | TES | TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | OMB APPROVAL | | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | d pur | suant | to Section | 1 16(a | ES IN BE a) of the Secu Investment C | rities Exchan | SHIP | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | | | | | | |
| 1. Name and Address of Reporting Person* Lacey David L. | | | | | 2.1 | ssuer | () | d Tic | ker or Trading | , , | (Ch | eck all applie X Directo | cable) or | orting Person(s) to Issuer 10% Owner | | | | | |
| (Last) (First) (Middle) C/O ATRECA, INC., 835 INDUSTRIAL RD. SUITE 400 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2021 | | | | | | | | Officer (give title Other (specify below) below) | | | | | | |
| (Street) SAN CARLOS CA 94070 | | | | 4.1 | f Ame | ndment, I | Date | of Original Fil | ed (Month/Da | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (S | , | (Zip) | Davis | | - 6 - | | | | | | | | | | | | | |
| Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | action | i 2 Ear) i | 2A. Deemed Execution Date, if any (Month/Day/Yea | | a, 3. 4. Secu Transaction Dispose Code (Instr. 5) | | ties Acquir d Of (D) (Ins | ed (A) or | 5. Amour Securitie Beneficia | nt of es ally Following | Form: D | n: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code V | | (U) | | Transaction(s) (Instr. 3 and 4) | | | | | | |
| | | - | | | | | | | 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 I if any (Month/Day | Date, T | ransaction Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration D (Month/Day/ | ate | of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly D (I | 0. ownership orm: birect (D) r Indirect) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$10.27 | 06/09/2021 | | | A | | 12,000 | | (1) | 06/08/2031 | Class A Common Stock | 12,000 | \$0.00 | 12,000 |) | D | | | |

Explanation of Responses:

1. The option vests upon the earlier of the one-year anniversary of the date of grant or the day prior to the next Annual Meeting of Stockholders occurring after the grant date, subject to the non-employee director's continuous service on each applicable vesting date. All unvested options will vest in full immediately prior to a change in control (as defined in the Company's 2019 Equity Incentive Plan), subject to the non-employee director's continuous service as of immediately prior to the closing of such change in control.

Remarks:

| <u>/s/ Herbert Cross, attorney-in-</u> | 06/11/2021 |
|--|------------|
| <u>fact</u> | 00/11/2021 |

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.