

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>Cui Xiangmin</u> (Last) (First) (Middle) C/O ALPINE IMMUNE SCIENCES, INC. 201 ELLIOT AVENUE WEST, SUITE 230 (Street) SEATTLE WA 98119 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol ALPINE IMMUNE SCIENCES, INC. [ALPN]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 01/18/2019	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

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			
Common Stock ⁽¹⁾	01/18/2019		A		3,165,735	A	\$5.37	3,165,735	I	See Footnote ⁽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	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 Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Warrant (right to buy) ⁽¹⁾	\$12.74	01/18/2019		A		1,234,636		01/18/2019	01/18/2024	Common Stock	1,234,636	\$5.37	1,234,636	I	See Footnote ⁽²⁾
Stock Option (right to buy)	\$5.7008	01/18/2019		A		7,650		(3)	01/17/2029	Common Stock	7,650	\$0.00	7,650	D	

Explanation of Responses:

- The reportable securities are included within 3,165,735 units representing (i) 3,165,735 shares of the Company's common stock, par value \$0.001 per share ("Common Stock"), and (ii) warrants to purchase an additional 1,234,636 shares of Common Stock for \$5.37 per unit (each unit consisting of one share of Common Stock and a warrant to purchase 0.39 of a share of Common Stock).
- The reportable securities are owned directly by Deheng Capital China Life Sciences USD Fund III, L.P. (the "Fund"). The Reporting Person is the manager of the general partner of the Fund. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interests therein.
- The shares shall vest in 36 equal monthly installments commencing on January 18, 2019.

Remarks:

/s/ Xiangmin Cui 01/23/2019

** 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.