

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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>Decheng Capital China Life Sciences USD Fund III, L.P.</u> <hr/> (Last) (First) (Middle) UGLAND HOUSE, PO BOX 309 <hr/> (Street) GRAND CAYMAN E9 KY1-1104 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/18/2019	3. Issuer Name and Ticker or Trading Symbol <u>ALPINE IMMUNE SCIENCES, INC. [ ALPN ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <input type="checkbox"/>	5. If Amendment, Date of Original Filed (Month/Day/Year) <hr/> 6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <sup>(1)</sup>	3,165,735	I	See Footnote <sup>(2)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrant (right to buy) <sup>(1)</sup>	01/18/2019	01/18/2024	Common Stock	1,234,636	12.74	I	See Footnote <sup>(2)</sup>

1. Name and Address of Reporting Person* <u>Decheng Capital China Life Sciences USD Fund III, L.P.</u> <hr/> (Last) (First) (Middle) UGLAND HOUSE, PO BOX 309 <hr/> (Street) GRAND CAYMAN E9 KY1-1104 <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person\*

Decheng Capital Management III (Cayman),  
LLC

(Last) (First) (Middle)

UGLAND HOUSE, PO BOX 309

(Street)

GRAND  
CAYMAN

E9

KY1-1104

(City)

(State)

(Zip)

**Explanation of Responses:**

1. 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).
2. The reportable securities are held directly by Decheng Capital China Life Sciences USD Fund III, L.P. (the "Fund"). Decheng Capital Management III (Cayman), LLC (the "GP") is the general partner of the Fund. Xiangmin Cui is the manager of the GP. Each of the Fund, the GP and Dr. Cui may be deemed to beneficially own the securities held by the Fund. Each of the Fund, the GP and Dr. Cui disclaim beneficial ownership of these securities, except to the extent of their respective pecuniary interests therein.

**Remarks:**

/s/ Xiangmin Cui

01/23/2019

/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 5 (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.**