FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / a a la i a a 4 a a | D C | 20540 |
|------------------------|------|-------|
| Vashington, | D.C. | 20549 |

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

| 1. Name and Address of Reporting Person* Kantoff Philip W. | | | | Co | 2. Issuer Name and Ticker or Trading Symbol Context Therapeutics Inc. [CNTX] | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | vner | |
|---|---|---|--|---------|--|---|---|-----------------|--|--------------------|--|---|---|---|---|--|
| (Last) | (F | irst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2023 | | | | | | | Officer below) | (give title | Other (below) | specify |
| 2001 MARKET STREET SUITE 3915, UNIT #15 | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | Line | dividual or Joint/Group Filing (Check Applicable) K Form filed by One Reporting Person | | | | |
| (Street) PHILADELPHIA PA 19103 | | | | D | Dula 40h5 4(a) Transaction In Particular | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intend satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | ed to | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative/ | Sec | curities | s Ac | quired, D | isposed | of, or Be | neficial | ly Owned | i | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date | | | Code (Instr. 5) | | | | | | Form: Direct | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | / Amoun | t (A) (C) | Price | Transaci (Instr. 3 | tion(s) | | (Instr. 4) | |
| | | Т | | | | | | | uired, Dis s, options, | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | ion Date ise (Month/Day/Year) Exec if an (Mor | 3A. Deem Execution if any (Month/Da | Date, | 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 (Instr. 4) | 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 | | | | |
| Stock Option (right to buy) | \$0.87 | 05/31/2023 | | | A | | 25,000 | | (1) | 05/30/2033 | Common Stock | 25,000 | \$0 | 25,000 | D | |

Explanation of Responses:

1. The option vests and becomes exercisable on the earlier of (i) May 31, 2024 (the one-year anniversary of the date of grant) or (ii) the Issuer's 2024 annual meeting of stockholders, subject to continued service with the Issuer.

Remarks:

/s/ Alex Levit, Attorney-in-Fact 05/31/2023

** 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.