

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN 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 *					2. Issuer Name and Ticker or Trading Symbol							bol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Parsons Jan	nes T.							herapeu			•		Director		100/	0	
(Last) (First) (Middle)					3. Date of Earliest Transaction (MM/DD/YYYY)								Director 10% Owner Officer (give title below) Other (specify below)				
C/O TRILLIUM THERAPEUTICS INC., 2488 DUNWIN DRIVE								1/	8/2	021			Chief Financ	ial Office	r		
INC., 2488 I		reet)	<u>L</u>		4. If	Ame	endm	ent, Date	Orig	ginal Fi	led (MM/	DD/YYYY)	6. Individual of	or Joint/G	roup Filing (Check Appl	icable Line)
MISSISSAU		L5L 1J9											_X _ Form filed b		ting Person One Reporting P	erson	
			Table	I - Non-	Deri	vativ	e Sec	curities A	cqui	ired, D	Disposed	of, or Bei	neficially Own	ed			
1.Title of Security (Instr. 3)			Execution Date, if an		n (Instr. 8)		de 4. Securities Acqui Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Benefic Following Reported Transaction (Instr. 3 and 4)		u(s)	Form:	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amoun	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Shares 1/8/2021						M ⁽¹⁾		8505	A	\$7.2447 ⁽²⁾	8505		D				
Common Shares 1/8/2021							S ⁽¹⁾		8505	D	§15.7873 ⁽³⁾	0			D		
	Ta	ble II - De	rivative	e Securit	ies B	Benefi	ficiall	y Owned	(e.g	g., puts	, calls, v	varrants, (options, conve	rtible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deer Execution Date, if a			Deriva Acquir Dispos				6. Date Exercisable and Expiration Date		7. Title and Securities U Derivative (Instr. 3 and	Jnderlying Security	erlying Derivative Security		Form of Derivative Security:	Beneficial
	Security			Coo	de	V	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amount or Number of Shares		Following Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	
Stock Option (Right to Buy)	\$7.2447 ⁽²⁾	1/8/2021		M	1)			8505		<u>(4)</u>	11/9/2026	Common Shares	8505	\$0	5761	D	

Explanation of Responses:

- (1) This transaction was effected pursuant to a 10b5-1 trading plan adopted by the Reporting Person.
- (2) The exercise price of these options is \$9.20 CAD and has been translated to USD in the table above at an exchange rate of \$1.00 CAD to \$0.7875 USD.
- (3) The reported price in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.74 to \$15.90 per share, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or to the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- (4) 25% of the options vest on the one year anniversary of the grant date and the remaining options vest in equal monthly installments over the following 36 months.

Reporting Owners

reporting owners								
Reporting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner		Other				
Parsons James T.								
C/O TRILLIUM THERAPEUTICS INC.			Chief Financial Officer					
2488 DUNWIN DRIVE			Ciliei Filialiciai Officer					
MISSISSAUGA, A6 L5L 1J9								

Signatures

/s/ James Parsons 1/12/2021

**Signature of Reporting Person Date

- * 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 control number.