FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OMB APPROVAL

OME	OMB Number: 3235-0287							
Estir	Estimated average burden							
hour	hours per response:							

Section obligat	this box if no lo n 16. Form 4 or ions may contii tion 1(b).			NT OF CHANGES IN BENEFICIAL OWNERSHIP       OMB Number: 3235-0287         Estimated average burden       Estimated average burden         hours per response:       0.5														
1. Name and Address of Reporting Person <sup>*</sup> Mayer Timothy					2. Issuer Name and Ticker or Trading Symbol <u>NextCure, Inc.</u> [ NXTC ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O NEXTCURE, INC.					3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024								X Officer below) Cl	specify				
9000 VIRGINIA MANOR ROAD, SUITE 200					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) BELTSVILLE MD 20705												Form filed by More than One Reporting Person						
(City)	(City)       (State)       (Zip)         Rule 10b5-1(c) Transaction Indication         Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										to satisfy							
		Та	ble I - Non					quired, I	Disp	oosed o	of, or Be	neficial	y Owned		i			
Date			2. Transact Date (Month/Day	Execution Date,		Date	e, Transaction Dispos Code (Instr.			sed Of (D) (Instr. 3, 4		5) Securitie Beneficia Owned F Reported	s Form ally (D) o ollowing (I) (In		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	v	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	on(s)			(1130.4)			
			Table II - D					uired, Di s, option					Owned					
Security or (Instr. 3) Pr De	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	Code	action (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)			d 7. Title and An of Securities Underlying Derivative Sec (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Followin Reported Transact	g (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	unt (Insti	(Instr. 4)				
Employee Stock Option	\$1.22	01/31/2024		А		117,375		(1)	0	1/30/2034	Common Stock	117,375	\$0	117,3	75	D		

Explanation of Responses:

(Right to Buy)

1. One fourth of the option vests on January 31, 2025. The remainder vests in 36 monthly installments beginning on February 28, 2025.

## /s/ Steven P. Cobourn, as attorney-in-fact for Timothy Mayer

02/01/2024

\*\* 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.