FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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* OWENS MATTHEW A	2. Date of E Requiring S (Month/Day 02/01/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol COMPASS Pathways plc [CMPS]						
(Last) (First) (Middle) COMPASS PATHWAYS PLC 3RD FL., 1 ASHLEY ROAD, ALTRINCHAM (Street) CHESHIRE X0 WA14 2DT (City) (State) (Zip)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner (Special Counsel & CLO) General Counsel & CLO		owner (specify	5. 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 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.	3. Own			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
		4	, ,	(D) or li	ndirect		, , , , , , , , , , , , , , , , , , ,	J	
(e.g		erivative	, ,	(D) or li (I) (Inst	ndirect r. 5)				
(e.g		erivative s, warran isable and	Securities Beneficia	(D) or li (I) (Insti Ily Owr ble sec	ndirect r. 5)	sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Daniel Maalo by Power

of Attorney for Matthew

02/15/2022

<u>Owens</u>

** Signature of Reporting

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).
- $^{**} \ Intentional \ misstatements \ or \ omissions \ of facts \ constitute \ Federal \ Criminal \ Violations \ See \ 18 \ U.S.C. \ 1001 \ and \ 15 \ U.S.C. \ 78 \ ff(a).$

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.