FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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heck this box if no longer subject	
Section 16. Form 4 or Form 5	
bligations may continue. See	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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*  Nath Kabir						2. Issuer Name and Ticker or Trading Symbol COMPASS Pathways plc [ CMPS ]									ationship call app Direc	,	ng Per	son(s) to Is	
(Last)	(Fir	st) (t	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023									X	belov	er (give title v) Chief Exec	utive	Other (s below) Officer	specify
33 BROADWICK STREET						4. If Amendment, Date of Original Filed (Month/Day/Year) 08/03/2023								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LONDON X0 W1F 0D0				DQ .										X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
(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.													nded to						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired	, Dis	posed of	, or B	enef	icially	Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day)				Execu y/Year) if any		Deemed ution Date, / th/Day/Year)				Disposed C	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Ordinary Shares <sup>(1)</sup>					/2023				F 5,794 <sup>(2</sup>		5,794(2)(3	) [	) (	\$8.95	69	59,406 <sup>(3)</sup>		D	
		Tal	ble II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)		tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Dei Sec (Ins	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)		Date Expiration Exercisable Date		Title	Numb of Share								

## **Explanation of Responses:**

- 1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.
- 2. Represents shares withheld by the Issuer upon vesting of restricted share units to satisfy tax withholding obligations.
- 3. This amendment is being filed solely to update the disclosure in Table I, Column 4 and 5 in the Form 4 previously filed on August 3, 2023 by the reporting person. The Form 4 incorrectly reported that 5,000 shares were withheld by the Issuer upon vesting of restricted share units to satisfy tax withholding obligations; the correct amount is 5,794 shares.

## Remarks:

/s/ Meredith Prithviraj by

08/24/2023 Power of Attorney for Kabir

Nath

\*\* 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.