FORM 4

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

OMB APPR	OVAL
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).

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

ype Response	3)														
1. Name and Address of Reporting Person * FALLON LYNNETTE C				2. Issuer Name and Ticker or Trading Symbol ClearPoint Neuro, Inc. [CLPT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director				
EARPOIN'		1000	3. Date of Earliest Transaction (Month/Day/Year) 05/25/2022				Officer (giv	ve title below)	Ot	her (specify be	ow)				
A DEACH	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				_X_1	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person _Form filed by More than One Reporting Person							
	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially					eficially Ow	ned						
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	r) any		3. Tr Code (Inst	le		4. Securities Acqui		red (D) 5. Amount o Owned Follo Transaction(f Securities Beneficially owing Reported (s)		6. Ownership Form:	7. Nature of Indirect Beneficial Ownership
			(Wollin)	Day/ i ear		ode	V			Ì					
n Stock		05/25/2022			1	A	9	,269 D		112	855			D	
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Derivative	(Month/Day/Year)	any (Month/Day/Year)		Secu Acqu (A) o Disp of (I (Inst	rities nired or osed o) r. 3, 4,	(Mon	nth/Day		Se	f Underlyi ecurities	ing	Derivative Security		Owners Form o Derivat Securit Direct (or India	Ownershiv: (Instr. 4) D) ect
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If Amendment, Date Original Filed(Month/Day/Year) (A SECURITY) (State) (Zip) Table 1 - Non-Derivative Securities Acquired, Disposed of (Distr. 8) (Instr. 3 and 4) (State) (Zip) Table 1 - Non-Derivative Securities Acquired, Disposed of (Distr. 8) (Instr. 3 and 4) (Instr. 4) (Check all applicable) (Check all applicable) (Other (specify bel Other (speci

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
FALLON LYNNETTE C C/O CLEARPOINT NEURO, INC. 120 S. SIERRA AVE., SUITE 100 SOLANA BEACH, CA 92075	X					

Signatures

/s/ Richard F. Mattern, by Power of Attorney for Lynnette C. Fallon	05/27/2022
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The shares are restricted stock and will vest in full on the earlier of (i) the first anniversary of the grant date, or (ii) the day immediately preceding the Company's 2023 annual meeting of stockholders
- (2) The shares subject to this option will vest in full on the earlier of (i) the first anniversary of the grant date, or (ii) the day immediately preceding the Company's 2023 annual meeting of stockholders.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.