FORM 4

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

| OMB APPR | OVAL | |
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| OMB Number: | 3235-0 | 287 |
| Estimated average | burden | |
| ours per response | ə | 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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | |
|---|---|--|---|---|------------|---|---|--|--|--|---|--|---|-------------|
| 1. Name and Address of Reporting Person* Girin Pascal E R | | | 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 10% Owner | | | | | | |
| | • | | (Middle) INC., 120 S. | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2022 | | | Office | er (give title belo | ow) | Other (specify b | elow) | | | |
| (Street) SOLANA BEACH, CA 92075 | | | 4. If Amendment, Date 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 | | | | | | |
| (City |) | (State) | (Zip) | Т | able I - N | Non-De | rivative S | Securitie | es Acqu | ired, Disp | osed of, or l | Beneficially | Owned | |
| (Instr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year | (Instr. 8) | | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | | | Following (s) | 6. Ownership Form: Direct (D) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | Code | v V | Amoun | (A) or (D) | Price | (| | or Indirect (I) (Instr. 4) | (Instr. 4) | |
| Common | Stock | | 04/01/2022 | | A | | 847 | A | \$ 9.96 (1) | 38,110 D | | D | | |
| Reminder: | Report on a s | eparate line to | | Derivative Securit | ies Acqu | Per cor the | sons whatained in form dis | no responding this for this for Book or Book o | orm are a curre | e not requently valid | OMB con | formation spond unle trol numbe | ss | 1474 (9-02) |
| 1 Tid C | 2 | 3. Transaction | | e.g., puts, calls, w | arrants, | | | | | itle and | 0 D.:C | 0 Noveles | of 10. | 11. Nature |
| Security | Conversion or Exercise Price of Derivative Security | | Execution Da Year) any | te, if Transaction Code (Instr. 8) | | and (M) | and Expiration Date (Month/Day/Year) An Un Sec (In: 4) | | ount of derlying urities str. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of Derivati Security Direct (or Indire | of Indirect Beneficial Ownershi (Instr. 4) | |
| | | | | Code V | (A) (I | | | Expirati Date | Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Girin Pascal E R C/O CLEARPOINT NEURO, INC. 120 S. SIERRA AVE., SUITE 100 SOLANA BEACH, CA 92075 | X | | | | | |

Signatures

| Richard F. Mattern, by Power of Attorney for Pascal E.R. Girin | 04/05/2022 |
|--|------------|
| -*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).
- These shares were issued pursuant to the issuer's Third Amended and Restated 2013 Incentive Compensation Plan, in payment of fees owed to the reporting person under the (1) issuer's Non-Employee Director Compensation Plan, as amended and restated. The shares were issued at a price of \$9.96 per share, representing the volume-weighted average price of the issuer's common stock for the five-trading day period ended March 31, 2022.

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.