FORM 4

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

| OMB APPR | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average | burden |
| hours por recognice | 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

| (| pe Response | | | | | | | | | | | | | |
|--------------------------------------------------------------------|-----------------------------------------------------------|------------------------|---------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. Name and Address of Reporting Person* FLETCHER R JOHN | | | 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 | | | | | | |
| (Last) (First) (Middle) C/O CLEARPOINT NEURO, INC., 5 MUSICK | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/03/2020 | | | | | - | Officer (give | e title below) | Oth | er (specify below) | | |
| (Street) IRVINE, CA 92618 | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | (Zip) | Table I - Non-Derivative Securities Acqu | | | | | es Acquire | lired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea | | | Execution Date, if Co | | (Ins | e (| 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price | | Transaction(s) (Instr. 3 and 4) | | d 1 | Ownership of Brorm: Brorm: Direct (D) O | 7. Nature of Indirect Beneficial Ownership Instr. 4) | |
| Reminder: | Report on a | separate fine for each | | | | | Persor | s who respon | d to the | collection of | of informat | tion contain | ed SEC 14 | 74 (9-02) |
| Reminder: | Report on a s | separate file for each | | | | | in this display | form are not rest a currently of seed of, or Bene | equired to valid OM eficially O | to respond IB control n | unless the | | ed SEC 14 | 74 (9-02) |
| 1. Title of Derivative Security | 2. Conversion | 3. Transaction | Table II - 3A. Deemed Execution Date, if | 4. Transact | ts, calls, 5. N of I Sec or I of (1) | warran umber erivativarities uired (A isposed D) r. 3, 4, | in this display equired, Display ts, options, continued to the Expiration (Month/Date) | form are not rest a currently seed of, or Bene- envertible secure ercisable and Date | equired to valid OM eficially Officially Officially Officially | owned Amount clying | unless the number. | | f 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natu of Indire Benefici Ownersh (Instr. 4) |
| 1. Title of Derivative Security | 2. Conversion or Exercise Price of Derivative | 3. Transaction Date | Table II - 3A. Deemed Execution Date, if any | 4. Transact | 5. N of I Sec or I of (Ins | warran umber erivativarities uired (a isposed D) r. 3, 4, 5) | in this display display to the first options, considered to the first option of the first option opti | form are not rest a currently of section of the convertible security for section of the currently of the cur | equired (valid OM eficially O ities) 7. Title a of Under Securitie | owned Amount clying | 8. Price of Derivative Security | 9. Number of Derivative Securities Beneficially Owned Following Reported | f 10. Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Natu of Indire Benefici Ownersh (Instr. 4) |

Reporting Owners

| | Relationships | | | | |
|-------------------------------------------------------------------------------|---------------|--------------|---------|-------|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | |
| FLETCHER R JOHN C/O CLEARPOINT NEURO, INC. 5 MUSICK IRVINE, CA 92618 | X | | | | |

Signatures

| Richard F. Mattern, by Power of Attorney for R. John Fletcher | 06/17/2020 |
|---------------------------------------------------------------|------------|
| **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).
- 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 2021 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.