FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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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

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	e conditions of ee Instruction 1																					
1. Name and Address of Reporting Person* ATAI Life Sciences N.V.						2. Issuer Name and Ticker or Trading Symbol COMPASS Pathways plc [CMPS]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) WALLSTRASSE 16				3. Date of Earliest Transaction (Month/Day/Year) 09/26/2024										Office below	er (give title		Other (below)	(specify				
(Street) BERLIN	2N	2M 10179 4. If Ar					l. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	ity) (State) (Zip)														Person							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
Date			2. Transact Date (Month/Dat	y/Year) E		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) oi 3, 4 a	r ind	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Pric	rico Transa		ction(s) 3 and 4)			(instr. 4)		
Ordinary Shares			09/26/2	2024				S		2,660,	000	0 D S		.05	6,905,774			Ι	By ATAI Life Sciences AG ⁽¹⁾			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																						
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			Transaction Code (Instr. 8)		osed) r. 3, 4	6. Date Expira (Month	tion D			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deri	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	v	(A)	(D)	Date Exercis	sable	Expirati Date		or Nu of	nount mber ares								
	nd Address of Life Scien	Reporting Person*																				
(Last) WALLS	ΓRASSE 10	(First)	(Mi	iddle)																		
(Street) BERLIN		2M	10	179		_																
(City)		(State)	(Zi _l	p)																		
	nd Address of Life Scien	Reporting Person* ces AG																				
(Last) WALLS	ΓRASSE 10	(First)	(Mi	iddle)																		
(Street) BERLIN	ſ	2M	10	179																		

Explanation of Responses:

(State)

(Zip)

(City)

ownership over the Ordinary Shares held of record by ATAI Life Sciences AG.

ATAI Life Sciences N.V., By:

/s/ Anne Johnson, Chief 09/27/2024

Financial Officer

ATAI Life Sciences AG, By:

** Signature of Reporting Person

/s/ Anne Johnson, Chief 09/27/2024

Financial Officer

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.