

**INITIAL STATEMENT OF 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

| OMB APPROVAL                                 |           |
|--|-----------|
| OMB Number:                                  | 3235-0104 |
| Estimated average burden hours per response: | 0.5       |

|  |           |              |  |  |   |  |  |
|--|-----------|--------------|--|--|---|--|--|
| 1. Name and Address of Reporting Person*<br><u>Murphy Matthew B.</u> |           |              | 2. Date of Event Requiring Statement (Month/Day/Year)<br><u>06/09/2021</u>   |  | 3. Issuer Name and Ticker or Trading Symbol<br><u>Nautilus Biotechnology, Inc. [ NAUT ]</u> |  |  |
| (Last)   | (First)   | (Middle)     | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br>Director _____ 10% Owner _____<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below) _____<br><p style="text-align: center;"><u>General Counsel</u></p> |  |   | 5. If Amendment, Date of Original Filed (Month/Day/Year)   |  |
| C/O NAUTILUS BIOTECHNOLOGY, INC.<br>425 PONTIUS AVE N, STE 202       |           |              |  |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line)<br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br><input type="checkbox"/> Form filed by More than One Reporting Person |  |
| (Street)   |           |              |  |  |   |  |  |
| <u>SEATTLE</u>   | <u>WA</u> | <u>98109</u> |  |  |   |  |  |
| (City)   | (State)   | (Zip)        |  |  |   |  |  |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|---|--|---|
| <u>Common Stock</u>             | <u>29,140</u>   | <u>I</u>   | <u>See Footnote<sup>(1)</sup></u>                     |

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|--|--|-----------------|---|--|--|---|
|  | Date Exercisable   | Expiration Date |   |  |  |   |
|  |  |                 |   |  |  |   |

**Explanation of Responses:**

1. Shares held by the Murphy Family Trust. The reporting person is the Trustee of the Murphy Family Trust.

**Remarks:**

Exhibit 24: Power of Attorney

/s/ Anna Mowry, as Attorney-in-Fact      06/09/2021

\*\* 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 5 (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.

POWER OF ATTORNEY

The undersigned, as a Section 16 reporting person of Nautilus Biotechnology, Inc. (the "Company"), hereby constitutes and appoints Sujal Patel

1. complete and execute Forms 3, 4 and 5 and other forms and all amendments thereto as such attorneys-in-fact shall in their discretion determine
2. do all acts necessary in order to file such forms with the Securities and Exchange Commission, any securities exchange or national association

The undersigned hereby ratifies and confirms all that said attorneys in-fact and agent shall do or cause to be done by virtue hereof. The undersigned

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the Company

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 9th day of June, 2021.

Signature: /s/ Matthew B. Murphy

Print Name: Matthew B. Murphy