FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL									
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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).

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

1. Name and Address of Reporting Person* Powchik Peter				2. Issuer Name and Ticker or Trading Symbol Vaxxinity, Inc. [VAXX]						(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/20/2023							Officer below)	(give title	Other below	(specify	
505 ODYSSEY WAY				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) MERRITT FL 32953 ISLAND											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins					ant to a cont						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,		Code (Instr. 5)				Beneficia Owned F	es Fo ally (D) Following (I)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	/ Amour	nt (A)	or Price	Reported Transact (Instr. 3 a	ion(s)		(Instr. 4)			
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 or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)		ate, T	4. Transaction Code (Instr. 8)		Derivative I		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Ownersh Form: y Direct (D or Indirec (I) (Instr.	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)			
Stock option (right to buy)	\$2.21	06/20/2023 ⁽¹⁾			A		132,352		(2)	(3)	Class A Common Stock	132,352	\$0	132,352	. D		

Explanation of Responses:

- 1. These options were automatically granted following the Issuer's annual shareholders meeting pursuant to a policy adopted by the Issuer's board of directors providing for annual non-employee director compensation.
- 2. These options vest on the earliest of (i) the one-year anniversary of the grant date, (ii) the following year's annual stockholder meeting, and (iii) a Change in Control (as defined in the Vaxxinity, Inc. 2021 Omnibus Incentive Compensation Plan), in each case, subject to the Reporting Person's continued service with the Issuer through the vesting date.
- 3. These stock options shall expire upon the earlier of (i) the tenth anniversary of the grant date, and (ii) three months after the date the Reporting Person ceases to be a director, officer, employee or consultant of the Issuer or one of its affiliates.

/s/ Rene Paula Molina, attorney-in-fact for Peter 06/26/2023 **Powchik**

** Signature of Reporting Person

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.