

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person* <u>HORNIG GEORGE R</u> (Last) (First) (Middle) 1717 MAIN STREET SUITE 3388 (Street) DALLAS TX 75201 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Vaxxinity, Inc. [VAXX]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 06/21/2022	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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 of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock option (right to buy)	\$2.09	06/21/2022 ⁽¹⁾		A		129,187		(2)	(3)	Class A common stock	129,187	\$0	129,187	D	
Stock option (right to buy)	\$5.96							(4)	01/03/2032	Class A common stock	67,953		67,953	D	

Explanation of Responses:

- 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.
- 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.
- 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.
- The vesting details of these options were inaccurately described in footnote no. 1 of the Form 4 filed by the Reporting Person on January 5, 2022. These options vest in equal annual installments on each of the first, second and third anniversaries of the grant date. However, these options will fully vest upon a Change in Control (as defined in the Vaxxinity, Inc. 2021 Omnibus Incentive Compensation Plan). In each case, vesting is subject to the Reporting Person's continued service with the Issuer through the vesting date.

/s/ Rene Paula Molina,
attorney-in-fact for George 06/23/2022
Hornig

** 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 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.