FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSH	ΙP
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OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
houre per reenonce:	0.5							

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* Palm Ulo (Last) (First) (Middle) C/O VAXXINITY, INC. 1717 MAIN ST, STE 3388 (Street) DALLAS TX 75201					3. I	Issuer Name and Ticker or Trading Symbol Vaxxinity, Inc. [VAXX] Inc. [VAXX] Ind. [VAXX]								(Check X) 6. Ind Line)	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Chief Medical Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person				9	
		Tal	ole I - Non	-Deriv	vativ	e Se	ecurities	s Acq	uired,	Dis	posed o	f, or B	enef	icially	Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						action 2A. Deemed Execution Dat if any (Month/Day/Yo			e, Transaction Dis Code (Instr. 5)		Disposed	Securities Acquired (A) posed Of (D) (Instr. 3, 4			5. Amour Securities Beneficia Owned For Reported	es Formally (D) (Sollowing (I) (I		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or	Price	Transacti (Instr. 3 a	on(s)				
Class A common stock 11					15/2021		11/15/2021		P		450 ⁽¹) A	A \$1		450				Held by spouse ⁽²⁾	
	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 Dat if any (Month/Day/Ye	c	ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Ex Expiration Month/Da	n Date	of Securities			urity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
				С	Code	v	(A)		Date Exercisab		Expiration Date	Title	or Nur	ount mber shares		(Instr. 4)	on(s)			
Stock option (right to buy)	\$13	11/11/2021			A		233,100		(3)	1	11/11/2031	Class A common stock	233	3,100	\$0.00	233,10	00	D		

Explanation of Responses:

- 1. These securities were purchased through the Issuer's directed share program in connection with its initial public offering.
- 2. These securities are held by Kathrin Palm, the Reporting Person's spouse. The Reporting Person disclaims beneficial ownership, within the meaning of Section 16 of the Securities Exchange Act of 1934, as amended, or otherwise of such portion of the securities held by Kathrin Palm in which the Reporting Person has no pecuniary interest.
- 3. These options are subject to a four-year time-vesting schedule, with 25% vesting on the first anniversary of the grant date and the remainder vesting in equal installments each month during the remainder of the vesting period.

Remarks:

/s/ Rene Paula, attorney-in-fact for Dr. Ulo Palm

11/15/2021

** 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 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.