FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHII
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OMB APP	ROVAL						
OMB Number:	3235-0287						
Estimated average burden							
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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

Reese I							2. Issuer Name and Ticker or Trading Symbol Vaxxinity, Inc. [VAXX] 3. Date of Earliest Transaction (Month/Day/Year)						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owne X Officer (give title Other (spe below) See Remarks				ner
	XXINITY, I YSSEY WA				03/07/2023								See Re	ernarks			
(Street) MERRIT	H	L	32953		4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)														
Table I - Non-Derivit 1. Title of Security (Instr. 3) 2. Transc Date (Month/L						action 2A. Deemed Execution Date,			Code (Instr.			ed (A) or	or 5. Amount of		6. Own Form: I (D) or I (I) (Inst	Direct I ndirect I r. 4) (7. Nature of ndirect Beneficial Dwnership
						Code V Amount (A) or (D)					r Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
			Table II - I					uired, Di s, option				•	Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cod	saction e (Instr.	5. Number Derivative Securities Acquired or Dispoor (D) (In 3, 4 and	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	ly [10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Cod	e V	(A)	(D)	Date Exercisabl		kpiration ate	Title	Amount or Number of Shares		(Instr. 4)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Stock Option (right to buy)	\$2.29	03/07/2023		А		620,000		(1)	03	3/07/2033	Class A Common Stock	620,000	\$0.00	620,00	0	D	
Stock Option (right to buy)	\$2.29	03/07/2023		А		61,607		(2)	03	3/07/2033	Class A Common Stock	61,607	\$0.00	61,607	7	D	
Stock Option (right to	\$2.29	03/07/2023		A		301,188		(3)	03	3/07/2033	Class A Common Stock	301,188	\$0.00	301,18	8	D	
buy)											Stock						

- 1. The options were issued to the Reporting Person pursuant to the Issuer's 2021 Omnibus Incentive Compensation Plan. Such options vest in 48 equal monthly installments beginning on March 7, 2023.
- 2. The options were issued to the Reporting Person pursuant to the Issuer's 2021 Omnibus Incentive Compensation Plan. Such options are fully vested upon issuance. This one-time option grant was made in lieu of an annual cash bonus payment to Mr. Reese.
- 3. The options were issued to the Reporting Person pursuant to the Issuer's 2021 Omnibus Incentive Compensation Plan. Such options vest in 12 equal monthly installments beginning on January 1, 2023. The one-time option grant was made in consideration of Mr. Reese waiving his salary for fiscal years 2022 and 2023.

Remarks:

Executive Chairman.

/s/ Rene Paula Molina as Attorney-in-Fact for Lou Reese

04/05/2023

** 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.