FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	DC	20549	

STATEMENT	OF	<b>CHANGES</b>	IN BE	ENEFICIA	AL O	WNERS	SHIP

OMB APF	PROVAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response	. 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					2. Issuer Name and Ticker or Trading Symbol Vaxxinity, Inc. [ VAXX ]						elationship of ck all applica Director	able)	,	10% Owr	ner			
(Last)	(F XXINITY, I	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/07/2023					X	below)	give title See Re		Other (sp below)	ecity			
	YSSEY WA			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)					Line)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person							
(Street) MERRIT ISLAND	H)	L	32953			101.5	4 ( )				У	_	ed by More		•	ng		
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transa Date (Month/D			е	action 2A. Deemed Execution Date if any (Month/Day/Year)		Code (Instr.			5. Amoun Securities Beneficia Owned Fo	s F lly ( ollowing (	6. Owner Form: Dir (D) or Ind (I) (Instr.	irect Indirect B	7. Nature of ndirect Beneficial Ownership Instr. 4)					
					Code V Am			Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	on(s)						
	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)	Derivative Conversion Date Execution Date, Transcription or Exercise (Month/Day/Year) if any Co		Transa Code (	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)  (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Securities (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction	y Ov Fo Dii or (I)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	11(3)				
Stock Option (right to buy)	\$2.29	03/07/2023		A		123,418		(1)	03/07/2033	Class A Common Stock	123,418	\$0	123,418	3	D			

## **Explanation of Responses:**

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.

## Remarks:

Chief Medical Officer.

/s/ Rene Paula Molina as Attorney-in-Fact for Ulo Palm

04/03/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.