FORM 4

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

. / la :	D 0	20540
Vashington,	D.C.	20549

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
-	hours per response:	0.5									

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

1. Name and Address of Reporting Person* <u>Diamandis Peter</u>						2. Issuer Name and Ticker or Trading Symbol Vaxxinity, Inc. [VAXX]									(Check all applicable) X Director			10% Owne		vner
(Last) (First) (Middle) C/O VAXXINITY, INC 1717 MAIN ST, STE 3388					0	3. Date of Earliest Transaction (Month/Day/Year) 01/24/2022										Officer (g	Other (s below)			
(Street) DALLAS (City)		X State)	75201 (Zip)		_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Appl Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person										.				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)			2. Tran	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Tr	3. Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		(A) or	5. Amount and 5) Securities Beneficiall Owned Fol		ly	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
					Co	ode	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Class A common stock 01.					24/20	/2022			M		652,764	A	\$4.1	192	729,687		D			
Class A common stock																271,655				Held by spouse ⁽¹⁾
Class B common stock ⁽²⁾															1,099,915		D			
	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)	ate,	4. Transaction Code (Instr.				6. Date Exercisa Expiration Date (Month/Day/Yea			of Securities		ties ig e Securit	Derivative Security		9. Number derivative Securitie Beneficial Owned Following Reported	Owners Form: Direct (I or Indirect (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		xpiration ate	Title	Amoun or Numbe of Shar	er		VII(9)			
Stock Option (right to buy)	\$4.1192	01/24/2022			M	1		652,764		(3) 01/26/202		1/26/2022 ⁽³⁾	Class A common stock	652,7	'64	\$ 0.00 163,1		.91 D		

Explanation of Responses:

- 1. These securities are held by Kristin Diamandis, 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 Kristin Diamandis in which the Reporting Person has no pecuniary interest.
- $2. \ The \ Class \ B \ common \ stock \ is \ convertible \ into \ Class \ A \ common \ stock \ on \ a \ one-for-one \ basis \ and \ has \ no \ expiration \ date.$
- 3. The Reporting Person held 815,955 of these stock options set to expire on 1/26/2022 at the time of the transaction. 80% of the stock options vested upon closing of the initial public offering, and the remaining 20% are expected to expire before meeting vesting conditions. Previously, these stock options were incorrectly reported as having an expiration date of the earlier of one year following vesting and 8/3/2031.

Remarks:

Rene Paula Molina, attorney-in-... 01/26/2022 fact for Peter Diamandis

** 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.