FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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eck this box if no longer subject
Section 16. Form 4 or Form 5
igations may continue. See
truction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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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* <u>UNITED BIOMEDICAL INC</u>					2. Issuer Name and Ticker or Trading Symbol Vaxxinity, Inc. [VAXX]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) 25 DAVI	(Fi	,	Middle)	3. Date of Earliest Transaction (Month/Day/Year) 04/25/2022								Officer (give title Other (specify below) below)					cify			
(Charle)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) HAUPPAUGE NY 11788														X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(St	ate) (Ž	Zip)									Person								
		Table	I - Non-Deriva	ative	Secur	ities <i>l</i>	Acqı	uire	ed, D	isposed	of, o	r B	Benefici	ally Own	ed					
		2. Transaction Date (Month/Day/Ye	Execution D		Date,	3. Transactio Code (Inst			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Cod	de	v	Amount	(A) or (D)	P	Price	Reported Transaction(s) (Instr. 3 and 4)						
Class A common stock 04/25/202				2	2		P ⁽¹	P ⁽¹⁾		8,038	A	A \$3.3681 ⁽²⁾		5,193,454		D				
Class A common stock													4,212	4,212,495		I		Held by United Biomedical Inc., Asia ⁽³⁾		
	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)		saction e (Instr.	5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	ive ies ed	Exp	piration	xercisable and n Date Amount o Securities Underlyin Derivative Security (I 3 and 4)			int of ities rlying ative ity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Owners Form: Direct (or Indir (I) (Insti	Beneficial Ownership ect (Instr. 4)		
				Code	e V	(A) (Date Exe	e ercisab	Expirati le Date		tle	Amount or Number of Shares							

Explanation of Responses:

- 1. The purchases reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person.
- 2. The price reported is a weighted average price.
- 3. Held by United Biomedical, Asia Inc. ("UBIA"). The Reporting Person, through a subsidiary, holds a majority equity interest in UBIA and may be deemed to be the beneficial owner of the shares held by UBIA. 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 UBIA in which the Reporting Person has no pecuniary interest.

Remarks:

/s/ Mei Mei Hu, As Director

04/27/2022

and Officer

** 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.