FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

				or Se	ectio	on 30(h) o	of the	Investr	nent C	Company Act o	of 1940									
1. Name and Address of Reporting Person* SOFINNOVA CAPITAL VI FCPR						2. Issuer Name and Ticker or Trading Symbol HOOKIPA Pharma Inc. [HOOK]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle) C/O HOOKIPA PHARMA INC., 350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240					3. Date of Earliest Transaction (Month/Day/Year) 03/19/2021									Office below	er (give title v)		Other below)	(specify		
AVENUE, /2ND FLOOR, SUITE /240						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) NEW YORK, NY 10118													Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City) (State) (Zip)																				
		Table	I - Non-Deriva	ative :	Sec	curities	s Ac	quire	d, Di	isposed of	, or E	Benefi	icially	Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execu (ear) if any		eemed ution Date, ' th/Day/Year)		action (Instr.	4. Securities Disposed Of	Acquired (A) or (D) (Instr. 3, 4 an		r und 5)		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)		
Common Stock 03/19/202					21		S ⁽¹⁾		166,230	D	\$14	.6047	3,7	39,964	64 D ⁽²⁾					
		Tal	ble II - Derivat (e.g., p						,	posed of, convertib			•	Owne	d					
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)	4. Transaction Code (Instr. 8)		on of tr. Deriv Secu Acqu (A) o Disp of (D			ration	ercisable and Date //Year)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares	er							
		Reporting Person*	FCPR																	
(Last) (First) (Middle) C/O HOOKIPA PHARMA INC., 350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240																				
(Street) NEW YO	ORK,	NY	10118																	
(City)		(State)	(Zip)																	

Explanation of Responses:

(Last)

(Street) NEW YORK,

(City)

1. Name and Address of Reporting Person^* Sofinnova Partners SAS

(First)

C/O HOOKIPA PHARMA INC., 350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240

NY

(State)

1. Shares sold pursuant to a Rule 10b5-1 trading plan dated September 30, 2020 previously adopted by the Reporting Person.

(Middle)

10118

(Zip)

2. Sofinnova Partners SAS is the managing company of Sofinnova Capital VI FCPR and disclaims beneficial ownership of these shares except to the extent of its pecuniary interest therein, if any.

/s/ Monique Saulnier, Name: Monique Saulnier, Title: Managing Partner of Sofinnova Partners SAS

03/23/2021

** Signature of Reporting Person

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.