FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | |
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| | STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |

OMB APPROVAL OMB Number: 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* Matushansky Igor (Last) (First) (Middle) C/O HOOKIPA PHARMA INC. 350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240 (Street) NEW YORK NY 10118 | | | | | 3. D 01/ | 2. Issuer Name and Ticker or Trading Symbol HOOKIPA Pharma Inc. [HOOK] 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2020 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | (| S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Chief Medical Officer 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
|---|-----|-----------------------------------|---------|---|-------------|---|---|------|-------|--|-----------------------------|---------|-------------------------|---|---|--|----------------|--------|
| (City) | (St | ate) (| Zip) | | - | | | | | | | | | | Forn Pers | | e than One Rep | orting |
| | | Tabl | e I - N | Non-Deriv | ative | Seci | uritie | s Ac | quire | ed, Di | isposed o | f, or E | Benefici | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and | | | | d 5) Secui Benet Owne | | ficially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 01/29/202 | | | | |)20 | | | | S | | 5,500 | D | \$12.72 | 59 ⁽¹⁾ | 5 | 53,398 | D | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| Security or Exercise (Month/Day/Year) if any | | emed tion Date, h/Day/Year) | | ransaction of Derivative (A) c Disp of (C (Inst and | | sed . 3, 4 | Expiration Day (Month/Day/Y | | ate | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Securities Underlying Derivative Security (Instr. and 4) | | t | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$12.70 to \$12.89, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

/s/ Reinhard Kandera, as 01/31/2020 Attorney-in-Fact

** 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.