FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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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

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1. Name and Address of Reporting Person* SOFINNOVA CAPITAL VI FCPR					2. Issuer Name and Ticker or Trading Symbol HOOKIPA Pharma Inc. [HOOK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
	HOOKIPA PHARMA INC., 350 FIFTH				3. Date of Earliest Transaction (Month/Day/Year) 03/24/2021										belov	er (give title v)		Other (below)	specify		
AVENUE, 72ND FLOOR, SUITE 7240							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) NEW YO	treet) IEW YORK NY 10118													Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(St	ate) (Z	Zip)																		
		Table	I - Non-Dei	iva	tive	Seci	urities	Ac	quire	d, Di	sposed of	f, or B	enefi	cially	Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				Execu Year) if any		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquir Disposed Of (D) (Ins		ed (A) o tr. 3, 4 a	r and 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock 03/24/				1/202	21				S ⁽¹⁾		52,690	D	\$13.	.6955	3,6	606,740		D ⁽²⁾			
		Tal	ole II - Deriv (e.g.,	ativ	ve So ts, c	ecur alls,	rities / warra	Acqı ants	uired, , optic	Dispons,	oosed of, convertib	or Be	nefic curitie	ially C es)	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 Datif any (Month/Day/Ye	е,	4. Transa Code 8)				Expiration I (Month/Day			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er							
		Reporting Person [*] APITAL VI I	<u>FCPR</u>																		
	OKIPA PH	(First) ARMA INC., 35 OOR, SUITE 7																			
(Street)						_															

Explanation of Responses:

NEW YORK

(City)

(Last)

(Street) **NEW YORK**

(City)

NY

(State)

(First)

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

NY

(State)

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

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

10118

(Zip)

(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

03/26/2021

** 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.