(Last)

(Street) **NEW YORK**

(City)

(First)

NY

(State)

350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240

C/O HOOKIPA PHARMA INC.

(Middle)

10118

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

or subject to	STATEMENT OF CHANG

GES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287

Section obligat	this box if no lon 16. Form 4 or ions may continuition 1(b).	THE CHANGES IN BENEFICIAL OWNERSHIP ant to Section 16(a) of the Securities Exchange Act of 1934 ection 30(h) of the Investment Company Act of 1940																	
							er Name and Ticker or Trading Symbol OKIPA Pharma Inc. [HOOK]								eck all applicated Director		g Perso	,	
(Last) (First) (Middle) C/O HOOKIPA PHARMA INC. 350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240					3. Date of Earliest Transaction (Month/Day/Year) 04/23/2019										Officer (give title Other (specify below) below)				
(Street) NEW YORK NY 10118					4. If Amendment, D				Pate of Original Filed (Month/Day/Year)						e) Form file	int/Group Filing ed by One Repo ed by More than		ting Perso	n
(City)	(\$	State)	(Zip)												A TOTAL	u by Wo	C tricari	опе перо	rung r craon
		7	Table I - No	n-Deri\	/ati	ve S	ecu	rities Ac	quirec	l, Dis	sposed	of, o	r Ben	eficially	y Owned				
				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Securities Beneficial	Beneficially Owned Following		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amoun	t	(A) or (D)	Price	Transactio (Instr. 3 an	n(s) d 4)			(111501.4)
Common Stock				04/23	04/23/2019						916,	916,901		(1)	999,	999,357		D ⁽²⁾	
Common	Stock			04/23	04/23/2019						1,719	9,189	A	(1)	2,718	2,718,546		D ⁽²⁾	
Common Stock 04				04/23	4/23/2019				С	_	888,	166	A	(1)	3,606	3,606,712		D ⁽²⁾	
Common	Stock			04/23					P		357,		A	\$14		,854		D ⁽²⁾	
			Table II -					ities Acq warrants							Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Code (Instr.			Derivative E		Expirati	6. Date Exercisabl Expiration Date (Month/Day/Year)		Securities			8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte	ve es ially ng	10. Ownersh Form: Direct (D) or Indirec (I) (Instr.	Beneficia Ownershi ect (Instr. 4)
				Cod	de ,	v	(A)	(A) (D) D:		te Ex ercisable Da		Title	- 1	Amount or Number of Shares		Transac (Instr. 4)			
Series A Preferred Stock	(1)	04/23/2019		С				916,901	(1)		(1)	Com		916,901	(1)	0		D ⁽²⁾	
Series B Preferred Stock	(1)	04/23/2019		C				1,719,189	(1)		(1)	Com		1,719,18	9 (1)	0		D ⁽²⁾	
Series C Preferred Stock	(1)	04/23/2019		C				888,166	(1)		(1)	Com		888,166	(1)	0	ı	D ⁽²⁾	
		Reporting Person																	
(Last) (First) (Middl C/O HOOKIPA PHARMA INC. 350 FIFTH AVENUE, 72ND FLOOR, SUITE 7																			
(Street) NEW Y	ORK	NY	10118	3															
(City)		(State)	(Zip)																
	nd Address of	Reporting Person																	

Explanation of Responses:

- 1. The preferred stock automatically converted into the Issuer's common stock on a one-for-one basis at the closing of the Issuer's initial public offering held on April 23, 2019 without payment or further consideration and had no expiration date.
- 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 04/25/2019

Partners SAS

** 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.