FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated aver

Ī	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

SECURITIES

1. Name and Address of Reporting Person* GILEAD SCIENCES INC 2. Date of Ever Requiring State (Month/Day/Ye 02/15/2022				Statement //Year)	3. Issuer Name and Ticker or Trading Symbol HOOKIPA Pharma Inc. [HOOK]						
(Last) 333 LAKES (Street) FOSTER CITY (City)	(First) SIDE DRIVE CA (State)	(Middle) 94404 (Zip)	-		4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give title below)	₹ 10% C	wner (specify	File 6. Iı	ndividual or Joeck Applicable Form filed Person	int/Group Filing e Line) by One Reporting by More than One	
(Oity)	(Gtate)							<u> </u>			
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				Į i	2. Amount of Securities Beneficially Owned (Instr. 4)	Form: I (D) or I			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					3,759,465	I	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
, (, E			2. Date Exerc Expiration Day/	ate	3. Title and Amount of S Underlying Derivative So (Instr. 4)	ecurity Conver		rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
						Amount or	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Gilead Sciences, Inc. By: /s/ Andrew D. Dickinson

02/17/2022

** 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 5 (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.