SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Instruc	tion 1(b).			Filed						urities Exch Company A								I				
1. Name and Address of Reporting Person* SOFINNOVA CAPITAL VI FCPR				2. Issuer Name and Ticker or Trading Symbol HOOKIPA Pharma Inc. [HOOK]								Check al	tionship of Report all applicable) Director		ıg Per X							
(Last) (First) (Middle) C/O HOOKIPA PHARMA INC., 350 FIFTH, AVENUE,72ND FLOOR, SUITE 7240				3. Date of Earliest Transaction (Month/Day/Year) 03/26/2021								Officer (give title below)			Other (below)	specify						
(Street) NEW Ye		Y 1	.0118	}	4. lf	Amendr	nent, Dai	te of C)riginal I	Filed (Month	/Day/Yea		ine) I X I	=orm	Joint/Group filed by One filed by Mor on	e Rep	orting Pers	on				
(City)	(St		Zip) • I - N	lon-Deriva	tive	Secur	ities A	cqui	red, D	Disposed	of, or	Benefic	ially C	wn	ed							
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye			ear) E	Execution Date,				4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Secur Benet Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership						
								Code	e v	Amount	(A) or (D)	Price	<u> </u> т		ted action(s) 3 and 4)	(Inst	r. 4)	(Instr. 4)				
Common	Stock			03/26/202	1			S ⁽¹⁾		35,171	D	\$13.694	43 ⁽²⁾ 3,543,023		3 ⁽²⁾ 3,543,023		43 ⁽²⁾ 3,543		43,023		D ⁽³⁾	
1. Title of	2.	3. Transaction	3A. [Deemed	1 ts, c 4.	alls, v	5. Numb	t s, o er 6.	Date Ex	s, conver	tible s	ecurities	5) 8. Pric	e of	9. Number		10.	11. Nature				
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	if any	cution Date, y nth/Day/Year)		Transaction of Ex Code (Instr. Derivative (M		Expiration Date			ount of urities erlying vative urity (Instr. d 4) Amount	Deriva Securi (Instr.	ty	derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	/	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirec Beneficial Ownershi (Instr. 4)					
1	1	1	1			1 1						I Amount	1					1				

Date Exercisable

Code v (A) (D) Expiration Date

1. Name and Address of Reporting Person [*]
SOFINNOVA CAPITAL VI FCPR

(Last)	(First)	(Middle)							
C/O HOOKIPA PHARMA INC., 350 FIFTH,									
AVENUE,72ND FLOOR, SUITE 7240									
(Street)									
NEW YORK	NY	10118							
(City)	(State)	(Zip)							
1. Name and Address	1. Name and Address of Reporting Person [*]								
Sofinnova Partners SAS									
(Last)	(First)	(Middle)							
C/O HOOKIPA PHARMA INC., 350 FIFTH,									
AVENUE,72ND FLOOR, SUITE 7240									
(Street)									
NEW YORK	NY	10118							

Explanation of Responses:

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

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$13.27 to \$14.03, inclusive. The reporting person undertakes to provide to Hookipa Pharma Inc., any security holder of Hookipa Pharma Inc., 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.

3. 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.

or Number

of Shares

Title

<u>Managing Partner of</u> <u>Sofinnova Partners SAS</u>

** 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.