FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vvaoriii igtori,	D.O. 20040	

OMB APPROVAL

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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					10	r Sect	tion 30(h) (of the	Investmen	t Cor	npany Act	of 1940								
1. Name and Address of Reporting Person* <u>Aldag Jorn</u>				2. Issuer Name and Ticker or Trading Symbol HOOKIPA Pharma Inc. [HOOK]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
																	10% Ov	·		
(Last)	(=	irst)	(Middle)		Date of Earliest Transaction (Month/Day/Year)								<u> </u>	X Officer (give title below)			Other (s below)	pecify		
C/O HOOKIPA PHARMA INC.				04/17/2019									Chief Executive Officer							
350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240																				
550 FIF.	III AVENO	E, 72ND FLOO	K, SUITE /	240	4 1	If Amo	andmont F	Data (of Original I	ilod	(Month/Do	v/Voor)		6 Inc	lividual or 1	oint/Croup	Eiling	(Chock App	licable	
(Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
NEW Y	ORK N	Y	10118												X Form filed by One Reporting Person					
													Form filed by More than One Reporting							
(City)	(S	tate)	(Zip)												Person					
					<u> </u>															
		Та	ble I - Non	-Deriva	ativ	e Se	curities	s Ac	quired,	Dis	oosed o	of, or E	3en	eficially	Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			action 2A. Deeme			3. Transa	3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4		(A) or . 3, 4 and 5	5. Amoun				7. Nature of Indirect Beneficial Ownership						
			(Month/Day/Year)		ear)	if any (Month/Day/Yea		Code (Instr		tr.		,			Beneficia					
						(Code				\ or	1	Reported Transaction(s)	١	(,, (,		(Instr. 4)		
									V	Amount	(A) or (D)		Price	(Instr. 3 a						
			Table II - I	Derivat	ive	Sec	urities	Aca	uired. D	ispo	sed of.	or Be	enef	ficially (Owned					
									s, option											
1. Title of	2.	3. Transaction	3A. Deemed	4.			5. Number of		6. Date Ex	able and	7. Title and Amo of Securities Underlying		Amount	8. Price of	9. Number of		10.	11. Nature		
Derivative Security	Conversion or Exercise Price of Derivative	Date (Month/Day/Year)	Execution Da		ınsac de (Ir		Derivative Securities		Expiration Date (Month/Day/Year)				s	Derivative Security	derivative Securities		Ownership Form:	Beneficial		
(Instr. 3)			(Month/Day/Y	'ear) 8)	ar) 8) `		Acquired (A) or Disposed		Deriva				Derivative Security (Instr. 3 and 4)		(Instr. 5)	Beneficially Owned	lly	Direct (D) or Indirect	Ownership (Instr. 4)	
Security				of (D) (Instr. 3, 4 and 5)		str.	(msa. s ana 4)				<i>'</i>		Following Reported		(I) (Instr. 4)	, ,				
						Т	.,	,						Amount		Transaction(s)				
									Date	١.	xpiration			or Number		(5 4)				
				Co	de	v	(A)	(D)	Exercisab		Pate	Title		of Shares						
Stock													Т							
Option (Right to	\$14	04/17/2019		A	1		604,656		(1)	0	4/17/2029	Commo		604,656	\$ <mark>0</mark>	604,65	56	D		

Explanation of Responses:

Buy)

1. 25% of this option shall vest and become exercisable on April 17, 2020, with the remainder vesting in 12 equal quarterly installments thereafter.

/s/ Reinhard Kandera, as Attorney-in-Fact 04/24/2019

** 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.