| SEC Form 4 | |
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FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | |
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| Estimated average bu | rden | | | | |
| hours per response: | 0.5 | | | | |

| STATEMENT | OF CHANGE | S IN BENEFICI | AL OWNERSHIP |
|-----------|-----------|---------------|--------------|
| | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Nume und Address of Reporting reison | | | | uer Name and Tick OKIPA Pharr | • | • | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|---|-------------------------|-----------------------------|---------------------|--|-----------------------------------|--------------------|--|--|---|--|--|--|
| (Last) C/O HOOKIPA | (First) PHARMA INC., | (Middle) | | te of Earliest Trans 1/2023 | action (Month/ | Day/Year) | X | Officer (give title below) | | (specify | | |
| 350 FIFTH AVE | ENUE, 72ND FLC | OR, SUITE 724 |) 4. lf A | Amendment, Date o | f Original Filed | l (Month/Day/Year) | 6. Indiv Line) | vidual or Joint/Grou | p Filing (Check | Applicable | | |
| (Street) NEW YORK | NY | 10118 | _ | | | | X | Form filed by On Form filed by Mo Person | | | | |
| (City) | (State) | (Zip) | Rul | e 10b5-1(c) | Transact | tion Indication | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | |
| | Tab | le I - Non-Deri | ative S | Securities Acq | uired, Dis | posed of, or Benef | icially | Owned | | | | |
| 1. Title of Security | (Instr. 3) | 2. Trans Date (Month/ | action Dav/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |

| | | (Month/Day/Year) | | | -, | | | | (I) (Instr. 4) | Ownership (Instr. 4) |
|---|------------|------------------|---|--|--------|---------------|---------|------------------------------------|----------------|-------------------------|
| | | | | | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 08/21/2023 | | Р | | 7,000 | Α | \$0.725 | 43,092 | D | |
| (Month/Day/Year) 8) Owned Following (i) (Instr. 4) Owned Following (instr. | | | | | | | | | | |

| | | | - | | | | | | | | - | | | | | | |
|---|---|--|---|------------------------------|---|--|--|---------------------|--------------------|-------|--|-------|---|--------------------------------------|--|--------------------|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D (Insti | Expiration Date (Month/Day/Year) urities uired or oosed D) (r, 3, 4 | | of Expiration Date | | | Deriv | unt of rities rlying ative rity (Instr. | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

/s/ Reinhard Kandera

08/22/2023

** 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.