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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Instruction	1(b).			Filed p							rities Exchang Company Act		f 1934			L				
1. Name and Address of Reporting Lesson							Issuer Name and Ticker or Trading Symbol OOKIPA Pharma Inc. [HOOK]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) C/O HOOKIPA PHARMA INC.						3. Date of Earliest Transaction (Month/Day/Year) 06/29/2020								Officer (give title Other (specify below) below)						
350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240						If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv	/idual o	r Joint/Group	p Filii	ng (Check A	Applicable	
(Street) NEW YORK NY 10118					07/	07/01/2020								Form filed by One Reporting Person X Form filed by More than One Reporting Person						
(City) (State) (Zip)																				
		Table	I - I	Non-Deriva	tive	Se	curities	Α	cquire	ed, C	Disposed (of, or l	Benef	icially	Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					ear) Exec		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a				Securi Benefi Owner	5. Amount of Securities Beneficially Owned Following		Ownership rm: Direct or lirect (I)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) or (D)	Price		Repor Transa (Instr.	ted action(s) 3 and 4)	(Ins	str. 4)	(Instr. 4)	
Common Stock 06/29/2020					20)			S ⁽¹⁾		3,280	D	\$11.	7767(2)	3,9	,960,574		D ⁽³⁾		
		Tal	ble	II - Derivati											Owne	d			<u> </u>	
									s, options, convertible s				-	rice of	9. Number		10.	11. Nature		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year)	Exe) if ar	cution Date,	4. Trans Code 8)		on of tr. Deriv Secu Acqu (A) or Dispo of (D) (Instr	5. Number of Derivativ Securitie Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		iratio	n Date ay/Year)	Amo Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		ivative curity etr. 5)	derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	p of Indirect Beneficial Ownership t (Instr. 4)	
					Code	e v	(A)	(D)	Date) Exe	e rcisat	Expirationale Date	n Title	Amou or Numb of Share	er						
		Reporting Person* APITAL VI I																		
(Last) (First) (Middle)																				
C/O HO 350 FIF																				
(Street) NEW YORK NY 10118				_																
(City)		(State)		(Zip)		_														
Name and Address of Reporting Person* Sofinnova Partners SAS																				
(Last)		(First)		(Middle)																

Explanation of Responses:

C/O HOOKIPA PHARMA INC.

350 FIFTH AVENUE, 72ND FLOOR, SUITE 7240

NY

(State)

 $1. \ Shares sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ trading \ plan \ previously \ adopted \ by \ the \ Reporting \ Person.$

10118

(Zip)

- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$11.75 to \$11.86, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, 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 range.
- 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.

Remarks:

(Street) **NEW YORK**

(City)

/s/ Monique Saulnier, Name: 07/24/2020

Monique Saulnier, Title: Managing Partner of Sofinnova 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.