FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinatan | D C | 20540 | |
|-------------|------|-------|--|
| Nashington, | D.C. | 20049 | |

| 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: (| | | | | | | | |

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

| Name and Address of Reporting Person* Cummings James F. | | | | 2. Issuer Name and Ticker or Trading Symbol Vaxart, Inc. [VXRT] | | | | | | | | k all app Direc | tionship of Reporti all applicable) Director Officer (give title | | 10% Ov | wner | | | |
|---|--|--|---------------------------------|---|---|---|-------------|---|-----------------|---|--|--|---|--|---------------------------------------|--------------------------------------|---|---------|------------|
| (Last) | (Fi | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/28/2024 | | | | | | | | X | belov | | dical (| Other (s below) Officer | specify | |
| 170 HARBOR WAY, SUITE 300 | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | pplicable | | | | |
| (Street) SOUTH FRANCI | CA 9/1080 | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule 10b5-1(c) Transaction 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. | | | | | | | | | nded to | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | , or B | enef | iciall | y Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Dat | | Date, | Transaction | | | | | | Securit Benefic Owned | . Amount of securities seneficially owned following | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pi | rice | Report Transa (Instr. 3 | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock | | | 03/28/ | 8/2024 | | | | F | | 3,292 ⁽¹⁾ D | |) : | \$1.3 | 326,801 | | | D | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date Execution Date, if any (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Street of the conversion of the | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr | rities ired r osed) | 6. Date Expirati (Month/ | on Da | Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

1. Represents shares that have been withheld by the Issuer to satisfy its income tax and withholding and remittance obligations in connection with the net settlement of RSUs vested on March 28, 2024.

/s/ Edward Berg, Attorney-in-04/01/2024

Fact

** 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.