FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Watson W. Mark				<u>Va</u>	Issuer Name and Ticker or Trading Symbol     Vaxart, Inc. [ VXRT ]      Date of Earliest Transaction (Month/Day/Year)								ck all applice.  Directo	or		on(s) to Iss 10% Ov Other (s	/ner		
(Last)	(F	irst)	(Middle)			06/11/2024									Officer (give title below)		below)	pcony	
C/O VAXART, INC.				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
170 HARBOR WAY, SUITE 300													Line)  Form filed by One Reporting Person						
(Street)	SAN G		0.4000												Form f Persor		e than	One Repor	ting
FRANCISCO CA 94080				Ri	Rule 10b5-1(c) Transaction Indication														
(City)	(S	tate)	(Zip)		Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Inst														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 and			5. Amou Securitie Benefici Owned F Reporte	es ally following	Form (D) o		7. Nature of Indirect Beneficial Ownership
									Code	Code V A		(A) or (D)		Price	Transaci (Instr. 3	ion(s)			(Instr. 4)
Common Stock 06/11/					1/2024		A		16,000 <sup>(1)</sup> A		\$ <mark>0</mark>	58	,125		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  (Instr. 3)  3. Transaction Date (Month/Day/Year) if any (Month/Day Month/Day				Date, Transa Code (		nsaction of Der Sec Acc (A) Dis of (I		of E		5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
													or						
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	of	umber hares					
Stock Option (right to buy)	\$0.77	06/11/2024			A		95,400		(2)	0	6/11/2034	Common Stock	95	5,400	<b>\$0</b>	95,400	)	D	

## Explanation of Responses:

- 1. Grant of shares upon vesting of restricted stock units. The shares underlying the award shall vest on the earlier of the date immediately prior of the 2025 annual meeting of stockholders of the Issuer and June 11, 2025, the first anniversary date of the grant.
- 2. The shares subject to this option shall vest on the earlier of the date immediately prior of the 2025 annual meeting of stockholders of the Issuer and June 11, 2025, the first anniversary of the date of the grant.

/s/ Edward Berg, Attorney-in-Fact for W. Mark Watson

06/12/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.