SEC For	rm 4																			
	FORM	4 (UNITED STATES SECURITIES AND EXCHANGE COM Washington, D.C. 20549																	
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNE led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940											6HIP	OMB Estim	Numbe	APPRO er: verage burde sponse:	3235-0287
1. Name and Address of Reporting Person* Echerd Margaret						2. Issuer Name and Ticker or Trading Symbol <u>Vaxart, Inc.</u> [VXRT]										elationship eck all appli Directo	cable) or	ng Per	10% Ov	wner
(Last) (First) (Middle) C/O VAXART, INC. 170 HARBOR WAY, SUITE 300					3. Date of Earliest Transaction (Month/Day/Year) 09/10/2021										X Officer (give title Other (specify below) below) SVP, Principal Accenter Officer					
(Street) SOUTH SAN FRANCISCO CA 94080 (City) (State) (Zip)					- 4. i	Line) X Form file									oint/Group Filing (Check Applicable led by One Reporting Person led by More than One Reporting					
(City)	(5	,	(Zip)	- Davis									f av F		ficial					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/)					saction 2A. E Exec (Day/Year) if an			A. Deemed xecution Date,		3. Transaction Code (Instr. 5)		ities Acquired (A) o d Of (D) (Instr. 3, 4		A) or	5. Amou Securitie Benefici Owned F	nt of 6. O es Fori ally (D) Following (I) (I		n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Cod	le V		Amount	(A) (D)		Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock 09/1					0/202	0/2021			М			334		4	\$ <mark>5.1</mark> 7	7 334			D	
Common Stock 09/10					0/202)/2021			M	_	_	1,467	7 1	4	\$0.7 7	7 1,	301	<u> </u>	D	
Common Stock 09/10					0/202	1			S ⁽¹	S ⁽¹⁾ 1,801		1 1	D	\$9.1		0		D		
		Т	able II -													Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	(E.g.,) 3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. N of Deri Sec Acq (A) Disp of (I	umber ivative urities uired or posed D) tr. 3, 4	6. Date Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Ex Da	piration ate	Title	or Nu of	ımber					
Stock Option (Right to Buy)	\$5.17	09/10/2021			М			334	(2)		05	6/24/2028	Commo Stock	n :	334	\$ <mark>0</mark>	2,333	3	D	
Stock Option (Right to Buy)	\$0.77	09/10/2021			М			1,467	(3)		06	6/11/2029	Commo Stock	ⁿ 1	,467	\$0	29,35	2	D	

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 1, 2021.

2. The stock option vests over a four-year period, with 25% of the shares subject to the stock option vesting on the first anniversary of the vesting commencement date of April 9, 2018, and the remaining shares in 36 equal monthly installments thereafter.

3. The stock option vests over a four-year period, with 25% of the shares subject to the stock option vesting on the first anniversary of the vesting commencement date of May 10, 2019, and the remaining shares in 36 equal monthly installments thereafter.

/s/ Margaret Echerd

09/13/2021 ** Signature of Reporting Person Date

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

 \ast 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.