FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
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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*				Hil	2. Issuer Name and Ticker or Trading Symbol HilleVax, Inc. [HLVX]							(Che	elationship eck all appli X Directo	cable)	g Per	son(s) to Iss			
(Last)	(F	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023							Officer below)	(give title		Other (s below)	pecify			
C/O HILLEVAX, INC., 75 STATE STREET, SUITE 100 - #9995			4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	N M	A	02109													iled by Mor		orting Perso n One Repo	
					Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)			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-	Deriva	ative	Sec	curities	A C	quired, D	isp	osed c	of, or B	ene	eficial	y Owned	t			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date		Date,	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici	ies Fo cially (D Following (I)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount (A) or (D)		Price	Transac	Transaction(s) (Instr. 3 and 4)			Instr. 4)	
	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 Date (Month/Day/Year) (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)		ate, T	Transaction of Deriva Secur Acqui (A) or Dispo of (D) (Instr.		of Derivati Securiti Acquire (A) or Dispose of (D)	erivative ecurities cquired () or sposed (D) (10) (str. 3, 4		. Date Exercisable and xpiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)			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)		
				C	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Ni of	umber					
Stock Option	\$17.94	06/07/2023			A		22,500		(1)	06	5/06/2033	Common Stock	2	2,500	\$0.00	22,500		D	

Explanation of Responses:

1. The option was granted pursuant to the Registrant's non-employee director compensation program. The option shall vest and/or become exercisable on the first to occur of (i) the first anniversary of the grant date or (ii) the next occurring annual meeting of our stockholders, in each case, subject to the non-employee director continuing in service on our board of directors through such vesting dates.

Remarks:

/s/ Paul Bavier, Attorney-in-06/09/2023 **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.