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 Instruction 1(b).

(First)

601 UNION STREET

(Middle)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

msuuc	alon 1(b).			File							npany Act c) 193	04					
ı		f Reporting Person	*		2. Is	suer N	lame a	nd Tic	ker or Tr	ading		71 1040				p of Reporti	ng Pe	erson(s) to I	ssuer
Frazier Life Sciences X, L.P.				<u> </u>	HilleVax, Inc. [HLVX]								(Check all applicable) Director X 10% Owner						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 04/04/2024								Officer (give title Other (specify below) below)						
601 UNION STREET SUITE 3200				4. If Amendment, Date of Original Filed (Month/Day/Year) 04/08/2024							6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable							
					, ' '''	70/20	21							X		n filed by On n filed by Mo		_	
(Street) SEATTLE WA 98101			<u> </u>	Rule 10b5-1(c) Transaction Indication								Λ	Perso	on					
(City)	(City) (State) (Zip)		Ku			` ,													
(Oity)	(0)	(<u></u> .p)			Check satisfy	this box	k to indi mative	cate that defense	a trans condition	action was mons of Rule 1	nade pui 0b5-1(c	rsuant). See	t to a contr Instructio	ract, instr n 10.	uction or writ	ten pla	an that is inte	ended to
		Table	l - No	n-Deriva	ative	Secu	ırities	s Acc	uired	, Dis	posed of	f, or E	Bene	eficially	/ Own	ed			
1. Title of	Security (Ins	etr. 3)		2. Transa Date (Month/D		ay/Year) Exe		Deemed cution Date, ny onth/Day/Year)		action (Instr.	Disposed	ies Acquired (A) Of (D) (Instr. 3,			Securi Benefi		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirec Beneficia Ownershi	
										v	Amount		(A) or (D) Price		Reported				(Instr. 4)
Common	Stock														8,53	35,337(1)		D ⁽²⁾	
		Та									osed of, onvertib				Owne	d			
1. Title of Derivative	2. Conversion	3. Transaction Date		med on Date,	4. Trans	action		umber	6. Date		isable and te	7. Titl	ınt of		Price of rivative	9. Number derivative	of	10. Ownership	11. Natu
Security or Exercise Price of Derivative		(Month/Day/Year	if any (Month/l		Code 8)	(Instr.	tr. Derivative Securities Acquired		(Month/Day/Ye		ear)	Unde	Securities Jnderlying Derivative		Security (Instr. 5)	Securities Beneficially Owned	ly	Form: Direct (D) or Indirect	t (Instr. 4
	Security						(A) c	or osed				Secur 3 and	rity (Ir	nstr.		Following Reported Transactio	ın(e)	(I) (Instr. 4)	
								r. 3, 4								(Instr. 4)	,11(3)		
													or	ount					
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Num of Sha						
1		f Reporting Person	*											·					
Frazier	Life Scie	ences X, L.P.				_													
(Last)		(First)	(Mic	idle)															
601 UNI SUITE 3	ON STREE	ET																	
						-													
(Street) SEATTL	Æ	WA	981	01															
(City)		(State)	(Zip)		_													
ı		f Reporting Person	*																
FHML	<u>S X, L.P.</u>					_													
(Last)	ON CERC	(First)	(Mic	idle)															
SUITE 3	ON STREI 200	E I																	
(Street)						-													
SEATTL	.E	WA	981	01															
(City)		(State)	(Zip)		_													
ı	nd Address of S X, L.L.	f Reporting Person	*																
TITIVIL	<u>v A, L.L.</u>	<u>.C.</u>																	

SUITE 3200								
(Street)								
SEATTLE	WA	98101						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*								
<u>Topper James N</u>								
(Last)	(First)	(Middle)						
601 UNION STREET								
SUITE 3200								
(Street)								
SEATTLE	WA	98101						
(City)	(State)	(Zip)						
Name and Address of Reporting Person*								
Heron Patrick J								
(Last)	(First)	(Middle)						
601 UNION STREET								
SUITE 3200								
(Street)								
SEATTLE	WA	98101						
(City)	(State)	(Zip)						

Explanation of Responses:

- 1. On April 8, 2024, the Reporting Persons filed a Form 4 which inadvertently reported the purchase of 8,850 shares of the Issuer's Common Stock by Frazier Life Sciences X, L.P. However, the stock purchase did not occur by Frazier Life Sciences X, L.P. but was purchased by other funds affiliated with Frazier Life Sciences X, L.P., as reported on the Schedule 13D amendment filed on the same day as this amendment, and as reported in this amendment, Frazier Life Sciences X, L.P. directly owned 8,535,337 shares of Common Stock of the Issuer as of April 8, 2024.
- 2. The shares are held directly by Frazier Life Sciences X, L.P. FHMLS X,, L.P. is the general partner of Frazier Life Sciences X, L.P. and FHMLS X, L.L.C. is the general partner of FHMLS X, L.P. James N. Topper and Patrick J. Heron are the sole managing members of FHMLS X, L.L.C. and share voting and investment power over the shares held by Frazier Life Sciences X, L.P. Dr. Topper and Mr. Heron disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.

FRAZIER LIFE SCIENCES	
X, L.P., By FHMLS X, L.P.,	
its general partner, By	05/21/2024
FHMLS X, L.L.C., its general	05/31/2024
partner, By: /s/ Steve R.	
Bailey, Chief Financial Officer	
FHMLS X, L.P., By FHMLS	
X, L.L.C., its general partner,	05/21/2024
By: /s/ Steve R. Bailey, Chief	05/31/2024
Financial Officer	
FHMLS X, L.L.C., By: /s/	
Steve R. Bailey, Chief	05/31/2024
Financial Officer	
/s/ Steve Bailey, Attorney-in-	05/21/2024
Fact for Patrick J. Heron	05/31/2024
/s/ Steve Bailey, Attorney-in-	05/21/2024
Fact for James N. Topper	05/31/2024
** Signature of Reporting Person	Date

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

- * 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.