

**UNITED STATES SECURITIES AND EXCHANGE
COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**

OMB APPROVAL

OMB Number: 3235-0104

Estimated average burden

hours per response: 0.5

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* <u>TAKEDA</u> <u>PHARMACEUTICAL CO</u> <u>LTD</u> (Last) (First) (Middle) 1-1, NIHONBASHI-HONCHO 2- CHOME (Street) CHUO-KU, M0 103-8668 TOKYO (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/03/2022	3. Issuer Name and Ticker or Trading Symbol <u>HilleVax, Inc.</u> [<u>HLVX</u>]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 04/29/2022 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	840,500	I	See Explanation of Responses ⁽¹⁾

**Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrant (Right to Buy)	05/03/2022	07/02/2031	Common Stock	5,883,500	0.0001 ⁽²⁾	I	See Explanation of Responses ⁽¹⁾

1. Name and Address of Reporting Person* <u>TAKEDA PHARMACEUTICAL CO</u> <u>LTD</u> (Last) (First) (Middle) 1-1, NIHONBASHI-HONCHO 2-CHOME (Street) CHUO-KU, M0 103-8668 TOKYO (City) (State) (Zip)	1. Name and Address of Reporting Person* <u>Takeda Vaccines, Inc.</u> (Last) (First) (Middle) 75 SIDNEY STREET (Street) CAMBRIDGE MA 02139
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