FORM 3

1. Name and Address of Reporting Person*

(First)

(Middle)

02139

Takeda Vaccines, Inc.

75 SIDNEY STREET

CAMBRIDGE MA

(Last)

(Street)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 32350104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

				16(a) of the Securities Exc f the Investment Company			1934			
1. Name and Address TAKEDA PHARMAC	"' Requirir	of Event og Statement Day/Year) 2022	3. Issuer Name and Ticker or Trading Symbol HilleVax, Inc. [HLVX]							
LTD			Relationship of Reporting Person(s) to Issuer (Check all applicable)				File	5. If Amendment, Date of Original Filed (Month/Day/Year) 04/29/2022		
(Last) (Fi 1-1, NIHONBA CHOME			Director X Officer (give title below)		10% Owner Other (specify below)			6. Individual or Joint/Group Filing		
(Street) CHUO-KU, TOKYO	0 103-866	58						(Ch	Person	by One Reporting by More than One
(City) (St	ate) (Zip)									
		Table I - N	on-Deriva	tive Securities Ben	efici	ally O	wned			
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Ins 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock				840,500		I		See	See Explanation of Responses ⁽¹⁾	
				ve Securities Benefi ants, options, conv)		
Exp		2. Date Exerc Expiration D (Month/Day/	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)			4. Conver or Exer	cise	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
		Date Exercisable	Expiration Date	Title	Nun	ount or mber of ares		ive	or Indirect (I) (Instr. 5)	5)
Warrant (Right	to Buy)	05/03/2022	07/02/2031	Common Stock	5,8	83,500	0.0001(2)		I	See Explanation of Responses ⁽¹⁾
	ess of Reporting Person HARMACEUT									
(Last) 1-1, NIHONBA	(First) ASHI-HONCHO 2-	(Middle) CHOME								
(Street) CHUO-KU, TOKYO	M0	103-8668								
(City)	(State)	(Zip)								

(City)	(State)	(Zip)

Explanation of Responses:

- 1. Takeda Pharmaceutical Company Limited's beneficial ownership of the reported securities is comprised of 840,500 shares of Common Stock and a Warrant to purchase 5,883,500 shares of Common Stock; each held by Takeda Vaccines, Inc., an indirect wholly-owned subsidiary of Takeda Pharmaceutical Company Limited. Takeda Vaccines, Inc. is owned directly by Takeda Pharmaceuticals U.S.A., Inc., which is owned directly by both Takeda Pharmaceutical Company Limited (72.70%) and Takeda Pharmaceuticals International AG (27.30%). Takeda Pharmaceuticals International AG is a wholly-owned direct subsidiary of Takeda Pharmaceutical Company Limited.
- 2. Exercise price is \$0.0000595 following April 22, 2022 1.681-for-1 forward stock split of the Issuer's common stock.

Remarks:

This amendment is being filed to correct the reporting person's initial Form 3 filed on April 29, 2022 to reflect (a) a 1.681-for-1 forward stock split of the Issuer's common stock effected on April 22, 2022 which resulted in (i) an increase in the reporting persons ownership of (x) common stock from 500,000 to 840,500 and (y) warrants from 3,500,000 to 5,883,500 and (ii) the exercise price of the warrants changing from \$0.0001 to \$0.0000595 and (b) a correction to the date on which the Warrant is exercisable, from April 28, 2022 to May 3, 2022, the latter reflecting the date on which the Issuer's initial public offering was consummated and the date on which the Warrant to purchase 5,883,500 shares of Common Stock became exercisable.

> /s/ Yoshihiro Nakagawa, Global General Counsel of 05/09/2022 Takeda Pharmaceutical Company Limited /s/ Michael Martin, Authorized Signatory, 05/09/2022 Takeda Vaccines, Inc.

** Signature of Reporting

Date Person

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 5 (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.