SEC Form 4														
FORM 4	O STAT	TES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549												
				Washington, D.S. 20040							OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See			MENT OF CHANGES IN BENEFICIAL OWNER							RSHIP		OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
Instruction 1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										F		
1. Name and Address of Reporting Person [*] HILLEMAN JERYL L			2. Issuer Name and Ticker or Trading Symbol <u>HilleVax, Inc.</u> [HLVX]						(Checl	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			2 Date	of Farliant Transa	ation (Ma	nth/D	lov (Veer)			Director		10% C		
(Last) (First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/07/2023							Officer (give title Other (specify below) below)				
C/O HILLEVAX, INC.,			4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable				
75 STATE STREET, SUITE 100 - #9995									- I - '	Line) X Form filed by One Reporting Person				
											, ,	e Reporting Pers e than One Rep		
(Street)	02109									Person	y wor	e than One Rep	orung	
BOSTON MA 02:			Rule 10b5-1(c) Transaction Indication											
(City) (State)	(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.										
Ta	able I - Noi	n-Deriva	tive S	ecurities Acq	uired, I	Disp	osed of, o	r Ben	eficially	Owned				
Date		2. Transac Date (Month/Da		2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amount of Securities Beneficially Owned Following Reported	/ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount	(A) or (D)	Price	Transaction(s (Instr. 3 and 4)			(1130.4)	
	Table II -	Derivati	ve Se	curities Acqui	red. Di	spo	sed of, or	Benef	icially C)wned				

(e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 8. Price of Derivative 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date 5. Number 7. Title and 9. Number of derivative 11. Nature 10. 4. Transaction Conversion Amount of of Ownership of Indirect Security (Instr. 3) or Exercise (Month/Day/Year) if any (Month/Day/Year) Code (Instr. 8) Derivative Securities Security (Instr. 5) Securities Beneficially Form: Direct (D) Beneficial Securities Acquired Underlying Derivative Security Ownership Price of Derivative Owned or Indirect (Instr. 4) Security (A) or Disposed (Instr. 3 and 4) Following Reported (I) (Instr. 4) of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount or Number Date Exercisable Expiration Date of Shares Code v (A) (D) Title Stock Common 22,500 \$17.94 06/07/2023 22,500 06/06/2033 \$0.00 22,500 D А (1) Option Stock

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-

Fact

06/09/2023

** 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.