FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
wasiiiigton,	D.C.	20049	

Check this box if no longer subject to	STATEMENT O
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	Filed pursua

## OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average bure	den						
houre por roeponeo:	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

ı		Reporting Person*	CAL CO	<u>LTD</u>				me <b>and</b> Tick <u>K, Inc.</u> [ I		ding	Symbol				elationship of ck all applica Director	ble)	X	10%	Owner	
(Last) 1-1, NIH	•	First) -HONCHO 2-Cl	(Middle)			3. Date		arliest Trans	saction (M	lonth	/Day/Year)				Officer (	give title	2	belo	er (specify w)	
(Street) CHUO-K TOKYO	KU, M	10	103-8668			4. If An	mendr	ment, Date o	of Original	l File	d (Month/Da	ıy/Year)	1	6. Inc		ed by O	ne Repo	rting Per		
(City)	(8	State)	(Zip)																	
		1	Гable I - N	on-De	eriva	tive	Seci	urities A	cquired	l, Di	isposed (	of, or Be	eneficia	ally	Owned					
1. Title of Security (Instr. 3)  2. Transc Date (Month/L				Year)	Execu	eemed ution Date, th/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Beneficially Owned Follo		Form: I (D) or I		irect idirect	7. Nature Indirect Beneficial Ownershi	rect eficial nership		
									Code	v	Amount	(A) or (D)	Price		Reported Transaction( (Instr. 3 and				(Instr. 4)	
Common	Stock			11/3	30/20	22			x		5,883,50	00 A	\$00	(1)	6,724,0	00	1	[	See Explana of Respons	
			Table II								posed of convert				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	4. Transa Code ( 8)		Deri Sec Acq or D	umber of ivative urities uired (A) bisposed of (Instr. 3, 4	6. Date E Expiratio (Month/D	n Da	e Securities Unde		Title and Amoun ecurities Underly erivative Security nstr. 3 and 4)		ing Derivative		aber of tive ties cially l ing	10. Owners Form: Direct ( or Indirect)	n: Benefic ct (D) Owners direct (Instr. 4)	
				,	Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount Number Shares			(Instr.	ction(s) 4)			
Warrant (Right to Buy)	\$0.0001	11/30/2022			x			5,883,500	05/03/20	)22	07/02/2031	Common Stock	5,883,	500	\$0		0	I	of	lanation
		Reporting Person*	CAL CO	<u>LTD</u>																
(Last)		(First)	(Mid	dle)																

1. Name and Address			
TAKEDA PHA	<u>ARMACEUTI</u>	CAL CO LTD	
(Last)	(First)	(Middle)	
1-1, NIHONBASI	HI-HONCHO 2-C	CHOME	
(Street)			_
CHUO-KU, TOKYO	M0	103-8668	
(City)	(State)	(Zip)	
1. Name and Address <u>Takeda Vaccin</u>		•	
(Last)	(First)	(Middle)	
75 SIDNEY STR	EET		
(Street)			
CAMBRIDGE	MA	02139	
(City)	(State)	(Zip)	

- 1. On November 30,2022, the Reporting Person exercised a Warrant to purchase 5,883,500 shares of the Issuers common stock with an exercise price of \$0.0000595 per share.
- 2. Takeda Pharmaceutical Company Limited has beneficial ownership of the reported securities, all of which are held directly by Takeda Vaccines, Inc., an indirect wholly-owned subsidiary of TakedaPharmaceutical 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.

## Remarks:

/s/ Michael Martin, Authorized 12/01/2022 Signatory, Takeda Vaccines, Inc.

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.