

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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>Frazier Life Sciences X, L.P.</u> _____ (Last) (First) (Middle) 601 UNION STREET, SUITE 3200 _____ (Street) SEATTLE WA 98101 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/28/2022	3. Issuer Name and Ticker or Trading Symbol <u>HilleVax, Inc. [HL VX]</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) 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	4,034,397	D ⁽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			
Convertible Promissory Notes	(2)	(2)	Common Stock	2,736,234 ⁽²⁾	13.6	D ⁽¹⁾	

1. Name and Address of Reporting Person* <u>Frazier Life Sciences X, L.P.</u> _____ (Last) (First) (Middle) 601 UNION STREET, SUITE 3200 _____ (Street) SEATTLE WA 98101 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>FHMLS X, L.P.</u> _____ (Last) (First) (Middle) 601 UNION STREET, SUITE 3200 _____ (Street) SEATTLE WA 98101 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>FHMLS X, L.L.C.</u> _____ (Last) (First) (Middle)
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601 UNION STREET, SUITE 3200

(Street)

SEATTLE WA 98101

(City)

(State)

(Zip)

1. Name and Address of Reporting Person*

Topper James N

(Last)

(First)

(Middle)

601 UNION STREET, SUITE 3200

(Street)

SEATTLE WA 98101

(City)

(State)

(Zip)

1. 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. The shares are held directly by Frazer Life Sciences X, L.P. ("FLS X"). The general partner of FLS X is FHMLS X, L.P., and the general partner of FHMLS X, L.P. is FHMLS X, L.L.C. James Topper, M.D., Ph.D., and Patrick Heron are the sole managing members of FHMLS X, L.L.C. and share voting and investment power of the securities held by FLS X. Dr. Topper and Mr. Heron disclaim beneficial ownership of such securities except to the extent of their pecuniary interest therein.

2. The outstanding principal and unpaid accrued interest due on the Convertible Promissory Notes will automatically convert into shares of the Issuer's Common Stock immediately prior to the closing of the initial public offering.

Remarks:

Frazier Life Sciences X,
L.P., By: FHMLS X, L.P.,
its general partner, By:
FHMLS X, L.L.C., its 04/28/2022
general partner, By: /s/
James N. Topper,
Managing Director
FHMLS X, L.P., By:
FHMLS X, L.L.C., its 04/28/2022
general partner, By: /s/
James N. Topper,
Managing Director
FHMLS X, L.L.C., By: /s/
James N. Topper, 04/28/2022
Managing Director
/s/ James N. Topper 04/28/2022
/s/ Patrick J. Heron 04/28/2022

** 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 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.