FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNER	RSHIP
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OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours per response	9: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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

Name and Address of Reporting Person*     Fairman Jeff				2. Issuer Name and Ticker or Trading Symbol Vaxcyte, Inc. [ PCVX ]									5. Relationship of Reporting Person(s) to Iss (Check all applicable)  Director 10% Owr  V Officer (give title Other (sp						
(Last) C/O VAXO		,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 10/26/2022									X below) below)  VP, Research					
823 INDU	STRIAL	KOAD, STE. 30			4. If <i>i</i>	Amend	ment,	Date	of Origin	nal File	ed (Month/Da	y/Year)		. Individua	Il or Joint/G	roup Fili	ng (Che	ck Applicable	
(Street) SAN CARLOS CA 94070													X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive	Secui	rities	Acc	quired	l, Dis	sposed of	, or B	enefic	ially O	vned				
1. Title of Sec	curity (Ins	tr. 3)		2. Transacti Date (Month/Day		2A. De Execu if any (Month	tion D	ate,	3. Transa Code ( 8)		4. Securities Disposed Of 5)	Acquire (D) (Inst	ed (A) or tr. 3, 4 ar	d Secur Benef	cially d Following	6. Owr Form: (D) or (I) (Ins	Direct Indirect	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price	Trans	ection(s) 3 and 4)			(Instr. 4)		
Common Stock		10/26/2022					S <sup>(1)</sup>		10,000	D	\$40	2	36,227	I		By Fairman Family Trust			
Common St	tock													1	7,143		D		
Common St	tock													5	0,000		I	By AF 2020 Irrevocable Trust	
		Tal	ble II								osed of, convertib				ned				
Security (Instr. 3) P	conversion r Exercise rice of lerivative ecurity	3. Transaction Date (Month/Day/Year)	if any	eemed tion Date, n/Day/Year)		Transaction of Code (Instr. Derivative				6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Titl Amou Secul Under Deriv Secul 3 and			nt of ties ying tive ty (Instr.	8. Price Derivati Security (Instr. 5	derivat Securit	ive ies cially ing ed ction(s)	10. Owners Form: Direct ( or Indir (I) (Instr	D) Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date		Amount or Number of Shares						

## **Explanation of Responses:**

1. The sale reported on this Form 4 was effected pursuant to a Rule 10b5-1 trading plan.

## Remarks:

Jeff Fairman, by /s/ Ron A. Metzger, Attorney-in-Fact

10/28/2022

\*\* 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 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.