FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-02									
Estimated average burden									
hours per response:	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

1. Name and Address of Reporting Person* EMSTER KURT VON					2. Issuer Name and Ticker or Trading Symbol Vaxcyte, Inc. [PCVX]					(Ch	eck all applic	r 10% Owner		Owner	
(Last)	(F KCYTE, IN	,	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/11/2020					Officer below)	(give title	Oth belo	er (specify w)		
353 HATCH DRIVE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
(Street) FOSTER	CITY C	A	94404								Line	X Form fi	led by More	Reporting Pe	
(City)	(S	tate)	(Zip)												
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date				Transactior te onth/Day/Yo	Execution Date,		Code (Instr. 5)				5. Amour Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	Amount	(A) or (D)	Price	Transact (Instr. 3 a	ion(s)		(11341.4)		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Tecurity or Exercise (Month/Day/Year) if any C		Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Graph Street (Month/Day/Year) Derivative See (Instr. 3 and 4)		es g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ect (Instr. 4)			
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock option (right to buy)	\$16	06/11/2020		A			40,000	(1)	06/10/2030	Common Stock, \$0.001 par value per share	40,000	\$0	40,000	D ⁽²⁾⁽	()

Explanation of Responses:

- 1. 1/3 of the shares of Common Stock subject to the option vest on June 11, 2021, and 1/36 of the shares vest monthly thereafter.
- 2. The Reporting Person is a member of Abingworth LLP ("ALLP"). ALLP provides advisory services to Abingworth Bioventures VI, LP ("ABV VI"). Under an agreement between the Reporting Person and LLP, the Reporting Person is deemed to hold this Option and any shares of common stock issuable upon exercise of the Option, for the benefit of ABV VI, and must exercise the Option solely upon the direction of ALLP.
- 3. ABV VI may be deemed the indirect beneficial owner of the Option, and the Reporting Person may be deemed the indirect beneficial owner of the Option through his indirect interest in ABV VI. The Reporting Person disclaims beneficial ownership of the Option except to the extent, if any, of his pecuniary interest therein. This report shall not be deemed an admission that the Reporting Person, ALLP, ABV VI or any other person is the beneficial owner of the securities reported herein for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpo

/s/ John Heard, as attorney-in-06/15/2020 fact

** 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.