FORM 4

Washington, D.C. 20549

NITED STATES SECURITIES AND EXCHANGE COMMISSIC)N
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	OMB APPROVAL												
	OMB Number:	3235-0287											
1	Estimated average I	nurden											

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or	nd Address o	f Penorting Person*	,		2.1	Issuer	· Name	and Ticl	ker or Tra	dina S	Symbol		5. 1	Relations	hip of Rei	portina Pe	rson(s) to Iss	suer		
Name and Address of Reporting Person* Wassil Jim				2. Issuer Name and Ticker or Trading Symbol Vaxcyte, Inc. [PCVX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
<u> </u>					-										ector icer (give	title	Other (
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)								De	ow)	ED ATIN	below)	7D		
C/O VAXCYTE, INC.					10	10/28/2024								CHIEF OPERATING OFFICER						
825 IND	USTRIAL	ROAD, STE. 30	00																	
							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SAN CA	RLOS C	A	94070											√ Fo	rm filed b	by One Reporting Person				
					-										rm filed b	y More tha	an One Repo	rting		
(City)	(\$	State)	(Zip)																	
		Tab	le I - Noi	n-Deriv	ative	e Se	curit	ies Ac	quired,	Dis	posed c	of, or Be	neficia	lly Ow	ned					
1. Title of Security (Instr. 3)				action				3. 4. Securities Acquired (A						mount of			7. Nature			
			Date (Month/Day/Yea		ar) Execution Date, if any (Month/Day/Year		Code (Instr. 5)			str. 3, 4 and	Ben	Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership					
								Code V		Amount	(A) or Pric		Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
				10/28/2024		1		M	\vdash	1,5850	<u> </u>	\$5.3	<u> </u>	202,231		D				
											<u> </u>	_	- '	_						
Common Stock 1			10/28	3/2024	4			M		3,464	(1) A	\$20.9	93	205,695		D				
		7	Table II -									, or Ben ble seci		y Owne	ed					
1. Title of	2.	3. Transaction	3A. Deeme		4.	- Cuiii	-	_	6. Date Ex			7. Title an		8. Price	of 9. Nu	umber of	10.	11. Natu		
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	se (Month/Day/Year)	Execution Date, if any (Month/Day/Year)		Transaction Code (Ins		on of		Expiratior (Month/Da			Amount of Securities Underlying Derivative S (Instr. 3 and		Derivat Securit (Instr. 5	y Secu Secu Secu Own Follo Repo	owing orted saction(s)	or Indirect (I) (Instr. 4	Beneficia Ownersh t (Instr. 4)		
													Amount or							
					Code	v	(A)		Date Exercisab		xpiration ate	Title	Number of Shares							
		 		_				 		\neg				1				1		

Explanation of Responses:

- 1. Shares are subject to the restrictions on transfer set forth in a Lock-Up Agreement dated September 4, 2024.
- 2. Stock Option is fully vested and exercisable.

\$20.93

3. 1/48 of the shares subject to the option vested on May 1, 2021, and 1/48 of the shares vest monthly thereafter, subject to Reporting Person's continuous service with the Issuer through each such date.

3 464

(3)

Remarks:

(right to buy)

Stock Option

(right to buy)

> Jim Wassil, by /s/ Peter N. Efremenko, Attorney-In-Fact

3,464

10/29/2024

89,876

D

** Signature of Reporting Person

Commor

03/31/2031

Date

\$0

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).

10/28/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.