FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burden								
-	hours per respense:	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

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 Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP, Research					
(Last) (First) (Middle) C/O VAXCYTE, INC. 353 HATCH DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 06/28/2021														
(Street) FOSTER	CITY C	A	94404		_	f Amer	ndmen	it, Date	of Origi	inal Fi	led (Month/D	ay/Year)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5		(Zip)	lon Dori	rotive	ative Securities Acquired, Disposed of, or Beneficially Owned													
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y			tion	n 2A. Deemed Execution Date,		3. 4. Securi		4. Securities Disposed O	Acquired	(A) or	5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock			06/28/2	28/2021				M		4,750	A	\$1.79	9,	394]	D			
Common Stock		06/28/2021		1		S ⁽¹⁾		4,614	D	\$24.36	6 ⁽²⁾ 5,280		D						
Common	Common Stock		06/28/2	2021)21			S ⁽¹⁾	S ⁽¹⁾ 136		D	\$24.80	5,144		D				
Common Stock												341,227		I I		By Fairman Family Trust			
Common Stock													50,000		I Z		By AF 2020 Irrevocable Trust		
		7	able I								sposed of , converti				l	,	,		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	derivat Securit Benefic Owned Follow Report	ive ties cially ing ed ction(s)	10. Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ect (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Numbe of Shares	er					
Stock Option (right to buy)	\$1.79	06/28/2021			M		4,750		(4)		05/17/2027	Common Stock	4,750	\$0.00	\$0.00 81,8		D		

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- 2. The price reported is a weighted-average price. The shares were sold at prices ranging from \$23.77 to \$24.765. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 3. The price reported is a weighted-average price. The shares were sold at prices ranging from \$24.79 to \$24.81. The reporting person will provide upon request to the SEC, the issuer or security holder of the issuer, full information regarding the number of shares sold at each separate price.
- 4. The shares subject to the option are fully vested and exercisable.

Remarks:

/s/ Winston Macaraeg, Attorney-in-Fact

06/30/2021

** Signature of Reporting Person

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.