FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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<i>N</i> ashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse	. 05								

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* Kamarck Michael E.						2. Issuer Name and Ticker or Trading Symbol Vaxcyte, Inc. [PCVX]							(Ch	Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(1	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/13/2023								7		(give title		Other (s below)	
C/O VAXCYTE, INC. 825 INDUSTRIAL ROAD, STE. 300				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	` '				-										X Form filed by One Reporting Person Form filed by More than One Reporting Person				
SAN CA	RLOS (^C A	94070		Bu	Rule 10b5-1(c) Transaction Indication													
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,			3. Transaction Code (Instr. 8) 3. Use of (D) (Instr. 3, 4) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)				Benefici Owned F	es Formally (D) (Following (I) (I		m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A (D) or)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 06/13/2				3/2023	/2023 A 2,500 ⁽¹⁾ A \$		\$0.00	5,625			D								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	eate Execution		4. Transac Code (II 8)		n of		6. Date Exercisable at Expiration Date (Month/Day/Year)			nd 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	0 N 0	lumber					
Stock Option (right to	\$53.08	06/13/2023			A		15,000		(2)	0	6/12/2033	Commo Stock		5,000	\$0.00	15,000		D	

Explanation of Responses:

- 1. Represents the number of shares of Common Stock underlying restricted stock units ("RSUs"). Each RSU represents the contingent right to receive one share of the Issuer's Common Stock. The RSUs will fully vest on the earlier of June 13, 2024 or the day prior to the next annual meeting of stockholders, subject to acceleration, and subject to the Reporting Person's continuous service through such date.
- 2. The shares of Common Stock subject to the option will vest monthly and fully vest on the earlier of June 13, 2024 or the day prior to the next annual meeting of stockholders, subject to acceleration, and subject to the Reporting Person's continuous service through such date.

Remarks:

Michael E. Kamarck, by /s/

Ron A. Metzger, Attorney-in-

06/15/2023

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.