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: 3235-0287 | | | | | | | |
| 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

| Name and Address of Reporting Person* Griffiths Graham | | | | | 2. Issuer Name and Ticker or Trading Symbol Vaccitech plc [VACC] | | | | | | | | | (Che | ck all appl | , | ng Per | son(s) to Is 10% Ov Other (s | vner |
|---|--|---------|---|-----------|---|-------|--|------------------|------------------|--|------------------------------------|--------------|---|--|---|--|--|---|------|
| (Last) (First) (Middle) C/O VACCITECH PLC, UNIT 6-10, ZEUS | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/12/2022 | | | | | | | | X | below | below) Chief Busine | | below) | | |
| BUILDING RUTHERFORD AVENUE, HARWELL | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) DIDCOT | . X0 | О С | X11 0D | OF | | | | | | | | | X | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non | -Deriva | tive S | Secui | rities | Acq | uired, | Disp | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution | | | on Date, Trai | | ction Instr. | Disposed | es Acquired (A Of (D) (Instr. 3 | | | Securit Benefic Owned | 5. Amount of Securities Beneficially Owned Following Reported | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | Amount | nount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | | | |
| Ordinary Shares ⁽¹⁾ 08/12/ | | | | | /2022 | | | | S | | 5,000 | |) | \$4.5 | 5 118,329 | | | D | |
| | 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) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 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) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direct or Inc (I) (In: | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Evalenation | | | | | Code | v | (A) | | Date Exercisa | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

1. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.

/s/ William Enright, Attorney-08/15/2022 in-Fact

** 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.