FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
rvasiniigtoii,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	APPROVAL								
OMB Number: 3235-0									
Estimated average burden									
hours nor 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* Phillips Anne M.					3. Da	Issuer Name and Ticker or Trading Symbol Vaccitech plc [VACC] Is Date of Earliest Transaction (Month/Day/Year)							(Ch	Relationship leck all appli X Directo Officer	cable)	J Pers	son(s) to Iss 10% Ow Other (s	ner	
(Last)	(Fi	rst)	(Middle)		05/1	05/11/2023								below)			below)		
C/O VACCITECH PLC, UNIT 6-10,					4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. 1	6. Individual or Joint/Group Filing (Check Applicable					
ZEUS BUILDING RUTHERFORD AVENUE,													ne) X Form filed by One Reporting Person						
HARWELL															iled by One Reporting Person iled by More than One Reporting				
(Street)					-	Form filed Person										ou by More than one responding			
` ´					Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(Si	ate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instr							ant to a cor ee Instructi	contract, instruction or written plan that is intended to uction 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,		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		Benefici	es For ally (D) Following (I) (: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	V	Amount	(A) o (D)	Price	Transac (Instr. 3	tion(s)			mou. 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)	Title of 2. 3. Transaction 3A. Deemed 4 Execution Date Execution Date, Curity or Exercise (Month/Day/Year) if any			4. Transac	. 5. Number ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		opiration ate	Title	Amount or Number of Shares						
Share Option (Right to Buy)	\$2.27	05/11/2023			A		19,197		(1)	05	5/11/2033	Ordinary Shares ⁽²⁾	19,197	\$0	19,197		D		

Explanation of Responses:

- 1. The shares underlying this option shall vest in full on the earlier of (i) May 11, 2024 or (ii) the next annual meeting of shareholders of the Issuer, subject to the Reporting Person's continued service as a director through the applicable vesting date.
- 2. The Ordinary Shares may be represented by American Depositary Shares, each of which currently represents one Ordinary Share.

/s/ William Enright, Attorney-05/12/2023 in-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.