| SEC For | rm 4 | | | | | | | | | | | | | | | | | | |
|--|---|--|--|-------------------------------|--|--|---|------------------|-----------|---|-------|--|--|-------|--|---|---|--|---|
| | FORM | 4 | UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | | | | | | | | OMB APPROVAL | | |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | ENT OF CHANGES IN BENEFICIAL OWNER iled pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | RSł | ΗP | Estim | OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 | | |
| 1. Name and Address of Reporting Person* Brown Gemma | | | | | 2. Issuer Name and Ticker or Trading Symbol Barinthus Biotherapeutics plc. [BRNS] | | | | | | | | | (Che | elationship o ck all applic Director | able) | ig Pers | on(s) to Iss 10% O Other (| vner |
| (Last) UNIT 6- | Last) (First) (Middle) JNIT 6-10, ZEUS BUILDING | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2024 | | | | | | | | X | below) | | | below) | speciny |
| RUTHERFORD AVENUE, HARWELL | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line) | Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person | | | | |
| (Street) | DIDCOT X0 OX11 0DF | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | Rule 10b5-1(c) Transaction Indication 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. | | | | | | | | | | | | | | |
| | | | ble I - Noi | | | | | | - | , Dis | · | - | | - | | | | | |
| Date | | | | 2. Transa Date (Month/D | | r) if | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | Form (D) or | vnership :: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amoun | t (A) (D) | or Pri | се | Transaction(s) (Instr. 3 and 4) | | | | (instr. 4) |
| | | | Table II - | | | | | | | | | f, or Be tible see | | | Owned | | | | |
| 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. Transaction Code (Instr. 8) | | Derivative E | | Expiratio | 5. Date Exercisable and Expiration Date Month/Day/Year) | | | and Amou rities ing ve Securi and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivativ Securitie Beneficia Owned Followin Reported | e Ownersh s Form: ally Direct (D or Indire g (I) (Instr. | Ownership | Beneficial Ownership (Instr. 4) |
| | | | | Co | de V | | | Date Exercisa | ble | Expiratior Date | Title | Amou or Numb of Sha | er | | Transact (Instr. 4) | | | | |

(1)

01/02/2034

Ordinary Shares⁽²⁾

Share Option (Right to Buy) Explanation of Responses:

\$<mark>3.7</mark>

1. The shares underlying this option shall vest and become exercisable in three equal annual installments, with the first installment vesting on January 2, 2025.

Α

193,000

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

/s/ William Enright, Attorney-01/04/2024 in-Fact

193,000

\$<mark>0</mark>

193,000

D

** 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).

01/02/2024

** 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.