FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 | |
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| vasimigton, | D.O. | 20040 | |

| D.C. 20549 | OMB APPROVAL |
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| | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* DAWES KAREN A | | | | | 2. Issuer Name and Ticker or Trading Symbol Vaccitech plc [VACC] | | | | | | | (Ch | Relationship eck all app X Direc | , | g Pers | son(s) to Iss 10% Ow | | |
|--|--|------------|----------|--|--|---|--|------------------------------|-----------------|--|----------------------------|---|---|--|--|---|--------------------|--------|
| (Last) | (Fi | rst) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023 | | | | | | | | Office below | r (give title | | Other (s below) | pecify |
| C/O VACCITECH PLC, UNIT 6-10, | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. li | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| ZEUS BUILDING RUTHERFORD AVENUE, HARWELL | | | | | ,,,,,,,, | | | | | | | Line | X Form | filed by One Reporting Person filed by More than One Reporting | | | | |
| (Street) | | | | | <u> </u> | Person | | | | | | | | | | | | |
| DIDCOT X0 OX11 0DF | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (SI | tate) | (Zip) | | | Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Date, | | | 3. Transacti Code (Ins | | | red (A) or str. 3, 4 an | Benefi | es Forr ially (D) o Following (I) (II | | n: Direct or Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | ount (A) or (D) | | Transa | orted nsaction(s) tr. 3 and 4) | | | (Instr. 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) | Derivative Conversion Date Execution Date, T Security or Exercise (Month/Day/Year) if any | | | 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) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | | Date Exercisable | Expiration Date | | Title | Amount or Number of Shares | | | | | | | | |
| Share Option (Right to Buy) | \$2.27 | 05/11/2023 | | | A | | 19,197 | | (1) | 05. | /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.