SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to easify the affirmative
intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.

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

OMB APPROVAL								
	-							
OMB Number:	3235-0287							
Estimated average	burden							

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person [*] JENKINS GEORGE M			2. Issuer Name and Ticker or Trading Symbol <u>PALVELLA THERAPEUTICS, INC.</u> [ationship of Reporting Person(s) to Issuer (all applicable) Director 10% Owner		
(Last) (First) (Middle) C/O PALVELLA THERAPEUTICS, INC.		CS, INC.	PVLA 3. Date of Earliest Transaction (Month/Day/Year) 12/18/2024		Officer (give title below)	Other (specify below)	
125 STRAFFORD AVENUE, SUITE 360 (Street) WAYNE PA (City) (State) (Zip)		19087	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (Form filed by One Report Form filed by More than (Person	ting Person	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. Disposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following Form: (D) or Indire				ansaction ode (Instr. bisposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	(1150.4)	(1150.4)
Common Stock	12/18/2024		Р		4,000	A	\$12.93 ⁽¹⁾	180,671	D	
Common Stock								11,026	Ι	by Eagles Mere Air Museum Foundation

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 (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		action of		Transaction Code (Instr. 3) Acquired (A) or Disposed of (D) (Instr. 3, 4		Derivative (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		vrivative curities o or sposed (D) str. 3, 4		Amount of		Amount of Derivative de Securities Security Se Underlying (Instr. 5) Be Derivative O Security (Instr.) Fo		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$12.59 to \$13.09, inclusive. The reporting person undertakes to provide to Palvella Therapeutics, Inc., any security holder of Palvella Therapeutics, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.

Kathleen A. McGowan,	
Attorney-in-Fact	

12/19/2024

** 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.