FORM 4

UNITED STA

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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| OMB APPROVAL | | | | | | | | | |
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| 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).

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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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* Kaupinen Wes (Last) (First) (Middle) C/O PALVELLA THERAPEUTICS, INC. 125 STRAFFORD AVENUE, SUITE 360 | | | | | 2. Issuer Name and Ticker or Trading Symbol PALVELLA THERAPEUTICS, INC. [PVLA] 3. Date of Earliest Transaction (Month/Day/Year) 12/13/2024 | | | | | | LA (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Officer (give title below) President and CEO | | | | | |
|---|--|------------|----------------|--|---|-------------------------------------|-----|---|---|---|--|--|--|------------|-----------|---|--|
| (Street) WAYNE (City) | | | 19087 (Zip) | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Ind Line) | | | | | |) Form fil Form fil | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transide (Month/I | | |) | action 2A. Deemed Execution Date if any (Month/Day/Yea | | Code (Instr. | | ed (A) or str. 3, 4 and | 5. Amount Securities Beneficia Owned For Reported | s Form Illy (D) o ollowing (I) (In | | n: Direct II or Indirect E nstr. 4) C | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | Code | v / | Amount | int (A) or (D) | | Transacti (Instr. 3 a | ion(s) | | | 11Str. 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) | rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | ransaction Derivative ode (Instr. Securities | | Expiration Date of (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) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | piration te | Title | Amount or Number of Shares | | (Instr. 4) | лі(э) | | |
| Stock Option (right to buy) | \$13.6 | 12/13/2024 | | A | | 417,806 | | (1) | 12/1 | /13/2034 | Common Stock | 417,806 | \$0 | 417,800 | 6 | D | |

Explanation of Responses:

1. The stock options will vest in equal monthly tranches over 48 months

Kathleen A. McGowan, Attorney-in-Fact

12/17/2024

** 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.