Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549
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Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Havey Adam						Emergent BioSolutions Inc. [ EBS ]									k all app Direc	tor	ng Pers	10% Ov	wner
(Last) 400 PRO	(Fir	est) (1 AL DR, SUITE 4	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/09/2021								X	Officer (give title Other (spec below) below)  EVP, Business Operations				specify
(Street) GAITHERSBURG MD 20879					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	·				
(City)	(St	ate) (Z	Zip)												Perso	on			
		Table	I - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)  2. Tra Date (Mon					Year) if any		Deemed cution Date, ny nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secur Bene		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) o (D)	Pric	е	Transa	saction(s) : 3 and 4)			(			
Common Stock <sup>(1)</sup> 02				02/09/2	021				A		2,518(1)	A		\$ <mark>0</mark>	35	5,203(2)		D	
Common	Stock <sup>(3)</sup>			02/09/2	021				F		2,183	D	\$12	23.45	.45 33,020(2)			D	
		Tal	ole II								osed of, c			-	Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Executive Or Exercise (Month/Day/Year) if any			emed 4. Transa Code h/Day/Year) 8)				6. Date Expira (Month	tion D			int of rities rlying ative rity (Inst	Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amour or Number of Shares	er					

## **Explanation of Responses:**

- 1. Consists of Performance Stock Units ("PSUs") previously granted on February 27, 2018 under the company's stock incentive plan as amended and restated. Each PSU represents the right to receive one share of common stock, which vested at a specified percentage based upon achievement with respect to adjusted net income as a percentage of total GAAP revenue for the 2020 fiscal year, as certified by the Compensation Committee following the performance period. On February 9, 2021, the Compensation Committee certified the achievement of the 2018-2020 PSUs at a payout factor of 150% of target resulting in the actual award of 7,554 shares of common stock, which is in excess of the 5,036 shares previously reported on March 1, 2018.
- 2. The number of derivative securities beneficially owned was adjusted to account for a change in previously reported PSUs. 4,285 PSUs were previously reported, of which only 2,714 vested on February
- 3. Represents shares of common stock withheld to pay taxes due upon vesting of the PSUs.

## Remarks:

/s/ S. Scott Lieberman, 02/11/2021 Attorney-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.