## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiiquii,	D.C.	20049

STATEMENT	OF CHAI	NGES IN E	BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							
II	0.0							

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

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*     PAPA JOSEPH C					2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [ EBS ]					(Chec	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last) 300 PRO	(F FESSION <i>A</i>	irst) AL DRIVE	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/13/2024					X	Officer (give title Other (specify below)  President and CEO				ecify	
(Street) GAITHERSBURG MD 20879				4	4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Indi Line)	'					
(City)	(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.  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										atisfy					
								_	<u> </u>			Т			Τ_	
1. Title of Security (Instr. 3)  2. Trans Date (Month/l			Date	Exen/Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 8)		a (A) or r. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Follov Reported	ly (	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	In Be	. Nature of ndirect seneficial ownership nstr. 4)	
							Code	Amount	(A) or (D)	Price	Transactio (Instr. 3 an			"	130. 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Yea	Code (	ansaction Derivative Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	Owne Form: Direct or Ind (I) (Ins	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	(Instr. 4)		(3)		
Employee Stock Options (Right to Buy)	\$2.33	03/13/2024		A		750,000(1)		(2)	03/12/2031	Common Stock	750,000	\$0	750,000	0 Е		

## Explanation of Responses:

- 1. Consists of 500,000 options to purchase shares granted under the Emergent BioSolutions Inc. Amended and Restated Stock Incentive Plan and 250,000 options to purchase shares granted under the Emergent BioSolutions Inc. Inducement Plan.
- 2. Vests in three equal installments beginning on the day prior to the anniversary date of the grant.

## Remarks:

/s/ Jennifer Lynne Fox, Attorney-in-fact

03/15/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.