SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

L										
	OMB Number:	3235-0287								
l	Estimated average burden									
l	hours per response:	0.5								

Instruction 1(b).	Filed	I 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 Perso Strei Katherine	on*	2. Issuer Name and Ticker or Trading Symbol <u>Emergent BioSolutions Inc.</u> [EBS]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify							
(Last) (First) 400 PROFESSIONAL DRIVE SUITE 400	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/22/2022	- X below) below) EVP, Chief HR Officer							
		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable							
(Street) GAITHERSBURG MD 20879			Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State)	(Zip)									

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	02/22/2022		A		1,258(1)	A	\$ <mark>0</mark>	32,758	D	
Common Stock ⁽²⁾	02/22/2022		F		1,616	D	\$42.23	31,142	D	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(0/1	,	,		,	• /				,			
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)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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. Consists of performance stock units granted under the Emergent BioSolutions Inc. Stock Incentive Plan. Each PSU represents a right to receive one share of common stock. The PSUs vest upon achievement with respect to adjusted net income as a percentage of total GAAP revenue for the 2021 fiscal year, as certified by the Compensation Committee following the performance period. On February 22, 2022, the final certification date, the Compensation Committee certified the achievement of the 2019-2021 PSUs at a payout factor of 136.14% of target resulting in the actual award of 4,741 shares of common stock, which is in excess of the 3,483 shares previously reported on February 28, 2019.

2. Represents shares of common stock withheld to pay taxes.

Remarks:

<u>/s/ S. Scott Lieberman,</u> Attorney-in-fact

02/24/2022

** Signature of Reporting Person Dat

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.

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

n Date

orting Person D