FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| ١ | OMB Number: | 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | | |
| | hours per response: | 0.5 | | | | | | | | | |

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

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

| 1. Name a | 2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | (Cł | neck all app Direct Office | ationship of Reporting all applicable) Director Officer (give title | | 10% Ov Other (s | wner (specify | | | | | |
|---|--|-------|---------|---|---------------------|--|---|--|---|----------------------------------|--|---------------|--------------------------------|---|---|-------------------------------|--|--|--|
| (Last) (First) (Middle) 400 PROFESSIONAL DRIVE | | | | | | 07/08/2023 | | | | | | | | | | s below) I SVP, Products Busi | | | |
| SUITE 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Lin | 6. Individual or Joint/Group Filing (Check Applica Line) | | | | | | | | | | |
| (Street) GAITHERSBURG MD 20879 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (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. | | | | | | | | | | | ended to | | |
| | | Table | l - Noı | n-Deriva | tive S | ecui | rities | Acq | uired, I | Disp | osed of | f, or | Bene | eficia | ally Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | th/Day/Year) Exec | | Deemed cution Date, 1y nth/Day/Year) | | Transaction Disposed Code (Instr. and 5) | | ities Acquired (d Of (D) (Instr. 3 | | (A) or . 3, 4 | Securi Benefi Owned | . Amount of ecurities eneficially wned ollowing | | n: Direct or I ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | Price | | ted action(s) 3 and 4) | | | |
| Common | 2023 | | | F | | 85(1) | 5 ⁽¹⁾ D | | \$0 | 20 | 26,140 | | D | | | | | | |
| | 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | d 4) | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4) | Ow For Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amo or Num of Shar | ber | | | | | |

Explanation of Responses:

Represents shares of common stock withheld to pay taxes.

Remarks

This Form 4 was filed late due to an inadvertent administrative error. The Company will report all late Form 4s in it's next proxy statement.

/s/ Jennifer Lynne Fox, Attorney-in-fact 07/24/2023

** 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.