FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subjec
\neg	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(b) of the Investment Company Act of 1940

					1		-(,		ivesimen		1			_						
1. Name and Address of Reporting Person* Zoon Kathryn C				2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Zoon Radii yii C					<u> </u>										V Direct	ctor		10% O	wner	
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023										Office	er (give title v)		Other (below)	specify			
400 PROFESSIONAL DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Chroat)															X Form filed by One Reporting Person					
(Street) GAITHERSBURG MD 20879														Form filed by More than One Reporting Person						
(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											truction or wr	itten plar	n that is in	tended to						
		Table	I - No	n-Deriva	tive S	ecur	ities A	cq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			<i>'</i>				ties Acquired (A) I Of (D) (Instr. 3, 4			d Securi Benefi Owned Follow	cially d ving	6. Own Form: (D) or Indired (Instr.	Direct ct (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	() (I	A) or D)	Price		ted action(s) 3 and 4)				
Common Stock 05/25/2				05/25/2	2023				A		33,847	1) A \$0		\$ <mark>0</mark>	0 53,501		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		d 4)	. Price of Perivative lecurity Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y O Fe Di Oi (I)	D. wnership orm: irect (D) r Indirect) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A) (C))	Date Exercisable		Expiration Date	n o		ount nber res						

Explanation of Responses:

1. Consists of restricted stock units granted under the company's Stock Incentive Plan, as amended and restated. These restricted stock units vest in one installment beginning on the day prior to the first anniversary of the date of grant assuming continued service with the company. Each restricted stock unit represents the right of the Reporting Person to receive one share of common stock of Emergent BioSolutions Inc., subject to adjustment as provided in the grant agreement.

Remarks:

/s/ Richard S. Lindahl, 05/30/2023 Attorney-in-fact

** 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.