# FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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	Estimated average burden hours per response: 0.5		
1. Name and Address of Reporting Perso <u>Fox Jennifer Lynne</u>	on*	2. Issuer Name and Ticker or Trading Symbol <u>Emergent BioSolutions Inc.</u> [EBS]	(Check all applicat Director X Officer (gi	10% Owner ive title Other (specify	
(Last) (First) 400 PROFESSIONAL DRIVE SUITE 400	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/09/2022	below)	below) xt Aff, GC, Corp Sec	
(Street) GAITHERSBURG MD (City) (State)	20879 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	Line) X Form filed	nt/Group Filing (Check Applicable I by One Reporting Person I by More than One Reporting	

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code ( 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	12/09/2022		A		14,045(1)	Α	\$ <mark>0</mark>	46,256	D	
Common Stock	12/09/2022		A		42,135(2)	Α	\$ <mark>0</mark>	88,391	D	

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

			(**3*) [**	,	, .		,					,			
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. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Amou Secu Unde Deriv	rlying ative rity (Instr.	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 EBITDA as a percentage of total GAAP revenue calculated on a cumulative basis over the three-year period beginning January 1, 2022 and ending December 31, 2024, as certified by the Compensation Committee following the performance period. The amount reported is based on the target performance payout factor, or 100%.

2. Consists of restricted stock units granted under the company's Stock Incentive Plan. These restricted stock units vest in one annual installment beginning on the day prior to the second 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, Attorney-in-fact

12/13/2022

\*\* 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.