1. Name and Address of Reporting Person* | GILEAD SCIENCES INC
---|---
  (Last) | 
  (First) | 
  (Middle) | 
  333 LAKESIDE DRIVE
---|---
  (Street) | 
  FOSTER CITY | CA | 94404
---|---
  (City) | (State) | (Zip)

2. Date of Event Requiring Statement (Month/Day/Year) | 02/15/2022
---|---

3. Issuer Name and Ticker or Trading Symbol | HOOKIPA Pharma Inc. [ HOOK ]
---|---

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   - Director
   - 10% Owner
   - Officer (give title below)
   - Other (specify below)
   - X

5. If Amendment, Date of Original Filed (Month/Day/Year)
---|---

6. Individual or Joint/Group Filing (Check Applicable Line)
   - Form filed by One Reporting Person
   - Form filed by More than One Reporting Person
   - X

Table I - Non-Derivative Securities Beneficially Owned

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 4)</th>
<th>2. Amount of Securities Beneficially Owned (Instr. 4)</th>
<th>3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>4. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>3,759,465</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 4)</th>
<th>2. Date Exercisable and Expiration Date (Month/Day/Year)</th>
<th>3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)</th>
<th>4. Conversion or Exercise Price of Derivative Security</th>
<th>5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)</th>
<th>6. Nature of Indirect Beneficial Ownership (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Exercisable</td>
<td>Expiration Date</td>
<td>Title</td>
<td>Amount or Number of Shares</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explanation of Responses:

Gilead Sciences, Inc. By: /s/ Andrew D. Dickinson
02/17/2022
** 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 5 (b)(v).


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.