FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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	OMB APP	ROVAL
	OMB Number:	3235-0287
- 1		becaused ware

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

ONBALLOVAL											
OMB Number: 323	35-0287										
Estimated average burden											
hours per response: 0.											

1. Name and Address of Reporting Person* <u>Hartzel William</u>					2. Issuer Name and Ticker or Trading Symbol Emergent BioSolutions Inc. [EBS]						(Check	all app	tor	ng Pers	10% Ov	vner			
(Last) 300 PRO		3. Date of Earliest Transaction (Month/Day/Year) 06/08/2025							Officer (give title Other (below) SVP, Bioservices				below)	вреспу -					
(Street) GAITHERSBURG MD 20879 (City) (State) (Zip)											d (Month/Da			Line)	Form Form Perso		e Repo	orting Perso	on
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				tion 2A. Deemed Execution Date,			quired, Disposed of, or Benefi 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)			A) or 5. Amount		ount of ties cially I Following	Form:	Direct Indirect I	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Common Stock 06/08/				2025			Code	v	Amount 1,167 ⁽¹⁾	(A) (D)	F	66.63	Transaction(s) (Instr. 3 and 4)			D	(III301. 1)		
Table II - De		(e.g., pu med on Date,	ative Securitouts, calls, v		5. Number of		uired, Disposed of, o , options, convertib			7. Titl Amou Secur Under Derive	e and int of rities rlying ative rity (Ins	8. P Der Sec (Ins	,.		or of e Ownerships Form: Bly Direct (D) or Indirect (I) (Instr. 4)		Beneficial Ownership t (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Numb of Share	er						

Explanation of Responses:

1. Represents shares of common stock withheld to pay taxes associated with vesting and settlement of restricted stock units.

Remarks:

/s/ Richard S. Lindahl, 06/10/2025 Attorney-in-fact

** 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.