FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| 1 | hours per response: | 0.5 | | | | | | | |

Check this box if no longer subject 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

| 1. Name and Address of Reporting Person* <u>Bushnell Laura I.</u> | | | Vin | 2. Issuer Name and Ticker or Trading Symbol Vincerx Pharma, Inc. [VINC] | | | | | | (Ch | eck all appli X Directo | or 10 | | wner | | |
|---|--------|------------|--|---|--|--|--|--|---------------------------------------|---|---|--|---|---|--------------------|--------|
| (Last) (First) (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023 | | | | | | | | Officer (give title below) | | (specify | | |
| 260 SHERIDAN AVENUE, SUITE 400 | | | | 4. If / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | | | | • | Reporting Pers | |
| PALO A | LTO C. | A | 94306 | | | | | | | | | | Persor | | than One Rep | orting |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | |
| | | | | | | | | | licate that a trai e defense condi | | | | | on or written | plan that is inten | ded to |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | urities | s Ac | quired, Di | sposed | of, or Be | neficial | ly Owned | t | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution | | Date, | 3. Transaction Code (Instr.) 8) 4. Securities Ac Disposed Of (D) 5) | | | | Benefici | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | / Amoun | (A) or (D) Price | | Transac (Instr. 3 | tion(s) | | (IIISU. 4) | |
| | | Т | | | | | | | uired, Dis s, options, | | | | Owned | | | |
| Security or Exercise (Month/Day/Year) if any | | Date, | Fransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ve es d | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$1.62 | 05/25/2023 | | | A | | 15,000 | | (1) | 05/24/2033 | Common Stock | 15,000 | \$0.00 | 15,000 | D | |

Explanation of Responses:

1. The option vests in full on the earlier of May 25, 2024, the next annual meeting of stockholders, or the consummation of a change of control, subject to the director's continued service.

Remarks:

By: /s/ Laura I. Bushnell

05/30/2023

** 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.