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: 3235-02 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| 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* Hamdy Ahmed MD | | | | | 2. Issuer Name and Ticker or Trading Symbol Vincerx Pharma, Inc. [VINC] | | | | | | | | Relationship of Reporting Per (Check all applicable) X Director | | | | son(s) to Iss | | |
|---|--|------------|---------|---|---|--|---|---------------|-------------------|--|--------------------|---|---|---|---|--|--|---|--|
| (Last) (First) (Middle) 260 SHERIDAN AVENUE, SUITE 400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/15/2022 | | | | | | | | X Officer (give title below) Chief Execu | | | | Other (specify below) | | | |
| | (Street) PALO ALTO CA 94306 | | | | 4. li | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | <u> </u> | (Zip) | | <u> </u> | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/D: | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | l and Securitie Beneficia | | es Form ally (D) of following (I) (II | | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | Amount | (A) or (D) | Price | Transact (Instr. 3 a | | on(s) | | | (| | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any | | Date, T | Code (I | ansaction of ode (Instr. Derivative | | Expiration Date (Month/Day/Year) | | | 7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Deriv Secu | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Ily | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | C | Code | v | (A) | | Date Exercisab | | expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (right to buy) | \$0.817 | 11/15/2022 | | | A | | 60,000 | | (1) | 1 | 1/14/2032 | Common Stock | 60,000 | \$0. | 00 | 60,000 | 0 | D | |

Explanation of Responses:

1. Option vests in twenty-four equal monthly installments starting from November 15, 2022.

Remarks:

Represents the 2nd tranche of stock option grants previously approved by the Compensation Committee on August 25, 2022.

By: /s/ Dr. Ahmed M. Hamdy 11/16/2022

** 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.