FORM 4

## 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							

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* GRANADILLO PEDRO P					2. Issuer Name <b>and</b> Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [							[ Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    Director 10% Owner						
					RCKT ]												·		
(Last) (First) (Middle) C/O ROCKET PHARMACEUTICALS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/13/2024									Officer (give title below)		Other (s below)		pecify	
C/O ROO	CKET PHA	RMACEUTICA	LS, INC.		4 15 4							24						(0) 1 4	
9 CEDARBROOK DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line)						
(011)														<b>√</b> F	orm fi	led by One	Repo	rting Persor	۱
(Street) CRANB	URY N	J	08512												orm fil erson		e than	One Report	ting
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication															
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non-	-Deriva	tive S	Secu	ırities	Ac	quired, D	isp	osed o	f, or Be	neficial	y Ow	ned				
Date			2. Transac Date (Month/Da	Execution Date			Date,	e, Transaction Dispose Code (Instr. 5)		Disposed	ties Acquire I Of (D) (Ins		Benefici Owned I		s illy ollowing	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code		Amount	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
		-	Table II - D						uired, Dis					Own	ed				
1. Title of Derivative Security (Instr. 3)	1. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)		Co	ransaction of Code (Instr. Deriva			ve es d ed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and of Securiti Underlying Derivative (Instr. 3 ar	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Co	ode V	(4	(A)	(D)	Date Exercisable		opiration	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$22.86	06/13/2024		I	۸.	2	23,944		(1)	06	5/13/2034	Common Stock	23,944	\$(	)	23,944	4	D	
Stock Option (Right to Buy)	\$22.86	06/13/2024		I	A	4	4,655		(2)	06	5/13/2034	Common Stock	4,655	\$15.	.04	4,655		D	

## **Explanation of Responses:**

- 1. This option represents a right to purchase a total of 23,944 shares of the Issuer's Common Stock, all of which will become fully vested and exercisable on June 13, 2025.
- 2. This option represents a right to purchase a total of 4,655 shares of the Issuer's Common Stock, all of which will become fully vested and exercisable on June 13, 2025. This option was issued to the Reporting Person in lieu of director retainer fees of \$70,000.

/s/ Martin Wilson, as attorney-

06/20/2024

\*\* 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.