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								
Estimated average burden									
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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 10b5-1(c). See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Instruc	tion 10.																		
1. Name and Address of Reporting Person* Dolsten Mikael				RC	2. Issuer Name and Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [RCKT]							5. Relationship of Reporting (Check all applicable) Director			g Person(s) to Issuer 10% Owner		vner		
(Last) (First) (Middle) C/O ROCKET PHARMACEUTICALS, INC. 9 CEDARBROOK DRIVE						3. Date of Earliest Transaction (Month/Day/Year) 09/09/2024									Officer below)	(give title		Other (s below)	specify
(Street) CRANBURY NJ 08512					4. If	4. 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					
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date				action	ction 2A. Deemed Execution Date,		3. Transact Code (In	3. 4. Securit Transaction Disposed Code (Instr. 5)		rities Acquired (A) ad Of (D) (Instr. 3, 4		5. Amou 4 and Securiti Benefici Owned I Reporte		s ally ollowing I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	٧_	Amount	(A) or (D)		rice	Transaction(s) (Instr. 3 and 4)					
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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any		ate, T		ransaction of E ode (Instr. Derivative (Expiration Date of Securit (Month/Day/Year) Underlyin			curities rlying ative Security		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
				C	Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Nun of Sha						
Stock Option (Right to Buy)	\$19.73	09/09/2024			A		27,545		(1)	09	9/09/2034	Common Stock	27,	545	\$0	27,545	5	D	
Stock Option (Right to Buy)	\$19.73	09/09/2024			A		22,988		(2)	09	9/09/2034	Common Stock	22,	988	\$0	22,988	3	D	

Explanation of Responses:

- 1. This option represents a right to purchase a total of 27,545 shares of the Issuer's common stock, which will vest in equal monthly installments over a three-year period, such that all of the shares underlying this option will be fully vested on September 9, 2027.
- 2. This option represents a right to purchase a total of 22,988 shares of the Issuer's common stock, which will fully vest on September 9, 2025.

/s/ Martin Wilson, as attorneyin-fact for Mikael Dolsten

09/11/2024

** 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 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.