FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
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

							. ,												
Name and Address of Reporting Person*     Ondrey Aaron				<u>R</u>	2. Issuer Name and Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [ RCKT ]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner Officer (give title Other (spe					
(Last)	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/01/2024								X	below)	below)  Chief Fina		below)	респу
9 CEDARBROOK DRIVE					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	URY N	IJ	08512											X		iled by Mor		orting Persor	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
											iction was m ns of Rule 1					n or written	plan th	at is intended	to
		Tab	ole I - Nor	n-Deriv	vativ	e Se	curities	s Acc	quired,	Dis	posed o	f, or Be	enefi	cially	/ Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/l				/Day/Year) Execu		Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Dispose Code (Instr. 5)		ities Acquired (A) d Of (D) (Instr. 3, 4		4 and Securi Benefi Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or P	rice	Reported Transact (Instr. 3	tion(s)			(Instr. 4)
Common Stock <sup>(1)</sup> 04/01				1/202	1/2024			Α		46,781	(1) A		\$ <mark>0</mark>	46,781			D		
		•	Table II -								osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisabl Expiration Date (Month/Day/Year)		of Securities		ities ng 'e Secu		3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Blly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisab		Expiration Date	Title	or	ount nber res					
Stock Option (Right to	\$26.72	04/01/2024			A		69,337		(2)	C	04/01/2034	Commor Stock	69,	337	\$0	69,33	7	D	

## **Explanation of Responses:**

- 1. Holdings are Restricted Stock Units ("RSUs") that convert to common stock on a one-for-one basis. One-third (1/3) of such RSUs will become fully vested on April 1, 2025, with the remaining shares vesting in equal quarterly installments over the following two years.
- 2. This option represents a right to purchase a total of 69,337 shares of the Issuer's common stock, one-third of which will become fully vested and exercisable on April 1, 2025, with the remaining shares vesting in equal quarterly installments over the following two years, subject to the reporting person's continued employment with the Issuer.

/s/ Martin Wilson, as attorneyin-fact for Aaron Ondrey

04/03/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.