FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Militello John						2. Issuer Name and Ticker or Trading Symbol ROCKET PHARMACEUTICALS, INC. [RCKT]								Check	tionship of Reportir all applicable) Director Officer (give title		10% C		
(Last)	,	rst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/21/2023								X	below) See Re		emar	below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9 CEDARBROOK DRIVE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) CRANBURY NJ 08512														X	X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(Si	ate) (Z	(Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pure satisfy the affirmative defense conditions of Rule 10b5-1(c)									suant to a			uction or writt	en pla	an that is inter	nded to	
		Table	I - N	on-Deriva	tive \$	Secui	rities	Acc	quirec	l, Dis	sposed of	, or B	enefici	ially	Own	ed			
Date				Date Execu (Month/Day/Year) if any		2A. Deemed Execution Date, if any (Month/Day/Year)				4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			l and 5) Secu Bend Own		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price			action(s) 3 and 4)			(Instr. 4)	
Common Stock 04/21/2)23			S ⁽¹⁾		2,342	D	\$18.6	65 ⁽²⁾		5,636		D	
		Tal	ble II								osed of, convertib)wne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, th/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		ate	7. Title Amour Securi Under Deriva Securi 3 and	nt of ties lying tive ty (Instr. 4)	Deri Secu		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A)	(D)	Date Exercisable		Expiration Date		or Number of Shares						

Explanation of Responses:

- 1. The sales reported on this Form 4 represent shares sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of RSUs received by the Reporting Person.
- 2. This transaction was executed in multiple brokered trades at prices ranging from \$18.55 to \$18.88. The price reported above reflects the weighted average sales price. The reporting person hereby undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transaction was effected

Remarks:

VP, Principal Accounting Officer and Interim Principal Financial Officer

/s/ Martin Wilson, as attorney-04/25/2023 in-fact for John Militello

** 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.